

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Peer Review

MULE CREEK STATE PRISON

April 27, 2009 through May 8, 2009

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OFFICE OF AUDITS AND COMPLIANCE

MULE CREEK STATE PRISON

EXECUTIVE SUMMARY

The Office of Audits and Compliance (OAC), in conjunction with various teams, conducted an operational peer review of Administration Segregation (Ad Seg) and Due Process, Business Services, Information Security Review, Inmate Education Programs, [REDACTED], Inmate Appeals, Case Records, and [REDACTED], Risk Management, Radio Communications, and [REDACTED] at Mule Creek State Prison (MCSP). The operational peer review was performed during the period of April 27, 2009 through May 8, 2009. The purpose of the peer review was to determine MCSP's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

This executive summary details the significant issues identified in each of the sections of the Operational Peer Review Report. For more information on the areas of interest, please see the Operational Peer Review Report. The OAC requested that MCSP provide a corrective action plan 30-days from the date of this report.

A summary of the significant issues is as follows:

Ad Seg and Due Process

- **Quarterly Fire Drills.** Of the 24 required fire drills, 15 (63 percent) were conducted.
- **The Inmate Segregation Profile (CDC 114-A1) Documents the Inmate's Yard Group Designation.** The review team reviewed a random sample of 17 CDC 114-A1s. Of the 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not yet been to Institution Classification Committee. Of the 16 ratable CDC 114-A1s, 14 (88 percent) documented the inmate's current yard group designation. The 2 remaining CDC 114-A1s did not contain this information.
- **The CDC 114-A1 Updated Every 90 Days.** The review revealed that in a random sample of 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s, 14 (88 percent) reviewed documented a 90-day update as required. The 2 remaining CDC 114-A1s did not contain an update as required.
- **Administrative Review.** Of the 30 records reviewed, 24 (80 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 6 remaining records, 3 contained an unclear placement date and, therefore, the review team was unable to determine the required timelines; 2 records documented a late review by a Captain (1 day late); and 1 record failed to document a countersignature by an Associate Warden when the review was conducted by an acting Captain.

- **Need for Witnesses on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 12 (40 percent) contained documentation regarding the need for witnesses. The 18 remaining records left this section blank.
- **Waiver of 72-hour Preparation Time.** Of the 30 records reviewed, 17 (56 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 13 remaining records, 7 left this section blank and 6 records documented a waiver of the time limitations absent a signature by the inmate.
- **Need for Witnesses on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 13 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 17 ratable records, 12 (71 percent) documented the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 5 remaining CDC 128-Gs did not contain this information.
- **Training.** The review revealed that 14 custody staff have been assigned to the Ad Seg units for one year or more. These 14 staff members are each required to have received 11 specialized training classes. Of the 154 required specialized training classes, 89 (58 percent) have been taken.

Business Services

Personnel Services

- There may be a case of nepotism in Food Services when the Assistant Correctional Food Manager (ACFM) and a Correctional Supervising Cook (CSC) are related. There is one CSC that separates the reporting relationship between the CSC and the ACFM.
- Duty statements do not appear to be reviewed by employees who perform the duties indicated on the duty statements. For example, based on duty statements, it was difficult to determine who supervised inmates in Dry Cleaning, who performs periodic position reconciliations, and who processes benefits. Additionally, they are not signed and dated by the employee. This is noted in Plant Operations, Trust, Food Services, and Hiring Packages.
- Individual Development Plans (IDP) and Probationary Reports are not prepared in a timely manner. As of April 28, 2009, there were 187 IDPs and 225 Probationary Reports outstanding.

Personnel Transactions

- Accounts Receivables (AR) are not always resolved in a timely manner. As of April 21, 2009, there were 56 ARs outstanding for over 90 days totaling \$44,311, in which no action has been taken toward a resolution.
- Suspended pay is not cleared in a timely manner. As of May 2009, there are 16 transactions outstanding for over 90 days totaling \$24,842. Suspended pay transactions date back to 2003.
- Appointments and related personnel transactions were made prior to approvals. For example, three RPAs, three bilingual pay transactions, two out of class

transactions, and two training and development assignments were all processed prior to approvals. Additionally, a freeze exemption was approved after the fact.

Plant Operations

- Processing work requests may be inefficient. For example, supervisors, managers, and clerical staff spend two to three hours per day receiving telephone work requests instead of institutional staff adhering to MCSP's Operational Procedure (OP) MC number 94 which requires staff to complete and submit work requests
- Communicating work place hazards is not performed in accordance with the MCSP's Injury and Illness Prevention Plan. Staff are not supplied with access to current hazard information pertinent to their work assignments. For example, Codes of Safe Practices and Hazard Evaluations are not current at C-Yard Engineer's, Plumber's, Carpenter's Shops, B-Yard Paint, Plumber Shops, and the Outside Grounds.
- Hazardous waste spills are not mitigated in a timely manner. For example, there is a leaking 55 gallon drum located at the plant operations office that was discovered on April 26, 2009, but has not been fully mitigated as of May 7, 2009. This was also noted by the Office of Risk Management during their inspection. Exacerbating this condition is that the drum is leaking oily substances and is located 10 feet from a storm drain.
- The Audits Branch could not determine whether MCSP's Medical Department is in compliance with CalOSHA requirements related to the California Code of Regulations, Title 8, Sections 5144 (f)(1), Fit Testing, and 5144 (e)(1), Medical Evaluations. Documentation was not provided by the Institutional Safety Officer (ISO) or In-Service Training (IST).
- Processing work request may be inefficient. For example, supervisors, managers and clerical staff spend two to three hours per day receiving telephone work request instead of institutional staff adhering to MCSP's OP MC number 94 which requires staff to complete and submit work requests.
- There are several deficiencies related to managing the Plant Operations database. For example, there is a backlog of open work orders (i.e. 716 work orders), information related to equipment is not updated timely, there is no trained backup but the workload has increased due to the Americans with Disabilities Act.
- There are deficiencies related to the testing and maintenance of backflow devices. Thirteen field tests were reviewed. For example, the master list of the backflow devices is not updated, there is no testing schedule for 2008 and 2009, the certified backflow tester does not complete field tests and the model and serial numbers on field tests do not reconcile with the database. Additionally, it is difficult to determine whether backflows are repaired timely when there are test failures.
- Logs do not reconcile to the database, logs do not adhere to load bank tests and they are not standardized. The lift station generator is not maintained in the database. There are no logs for the generators located in the co-generation plant, information required under the permit requirements is not logged and published schedules cannot be ascertained.

- Preventive maintenance (PM) is not performed on kitchen equipment. PM procedures have not been approved by management, equipment is not clearly identified, and Equipment Maintenance Data sheets are not used. Additionally, institutional goals are not met and a standardized method to account for parts, materials, and labor is not maintained.

Materials Management

- The physical location of property does not reconcile with the Property Control System. In addition, equipment was improperly tagged (e.g., missing tags and/or blank tags). Deficiencies are noted on 40 items located in the Personnel and IST offices.
- There appears to be excessive inventory in non-drug medical when 61 percent of inventories (i.e. 185 items) are reflected on the Over-Max Report. Additionally, inventory levels are not always entered into State Logistics Automated Materials Management (SLAMM) and the unit price is not provided for all Category 5 items (i.e. medical instruments level 1).
- The warehouse manager has significant control over non-drug medical inventory. For example, he determines the need for goods/services, prepares the Interoffice Requisitions - Local (CDCR. 954), obtains quotes, maintains goods in inventory, inputs purchase orders, issues inventory, and inputs adjustments into SLAMM. In addition, he conducts first and second counts of inventory. Exacerbating this condition is that inventory adjustments are not prepared for management review and approval prior to adjusting inventory.

Inmate Workers Supervision Pay and Time Log

- There are deficiencies related to processing Inmate Workers Supervision Pay based on the eight employees reviewed during the time period of January 2008 through December 2008. For example, inmate time sheets and the employees (Employee Attendance Record) CDC 998-As were not reviewed and reconciled.
- Timesheets do not always have the supervisors and first line supervisors' name. Initials are used instead of signatures. Daily Movement Sheet numbers and transfer in dates are missing. Exceptional time is not always explained and an outdated Inmate Workers Time Log, CDC 1697 is used. These deficiencies were noted for inmates working in the Wardens office, Plant Operations, IST, the Library, Facility B, Enhanced Outpatient Program, and the Prison Industry Authority (PIA) manager's office.

Inmate Securities

- Separation of duties over inmate securities is inadequate. For example, one employee performs all duties related to controlling securities. Additionally, the face value of securities is not entered into Trust Restitution Accounting Control System or the manual security ledger. Lastly, an annual physical inventory of securities is not taken and reconciled. There are currently six securities maintained in the trust office.

Information Security Review

MCSP was partial compliant in some areas and noncompliant in the following areas:

Staff Computing Environment

- Anti virus updates are not current.
- Security patches are not current.

Inmate Computing Environment

- Anti virus updates are not current.

Inmate Education Programs

Education Administration

- Some teachers are teaching an unauthorized modified program where some students are only in the classroom one-half a day and the remainder of the day are not in any program including not in an independent study type of program.
- There has not been a Site Literacy Committee at MCSP for several years. (Repeated from January 2008)
- The expenditures are not tracked. (Repeated from January 2008)

Academic Education

- The inmates on the minimum yard are released 45 minutes early almost daily.
- The Testing Coordinator does not have access to the intranet, nor an email account. The School Progress Assessment Report Card is sent to the Principal. The Principal has not given the School Progress Assessment Report Card report to the testing coordinator for the previous quarter. (Repeated from January 2008)
- The Testing Coordinator does not have an email address and/or user account. The Testing Coordinator or the Office Assistant goes to the Associate Information Systems Analyst office each Monday and downloads the Test of Adult Basic Education database on three floppy disks. Neither the Testing Coordinator nor the Office Assistant has a thumb/travel drive.
- There is no Education/Independent Study (half-time) program as required by the MCSP's Alternative Education Delivery Model Operational Procedure. (Repeated from January 2008)
- The Distance Learning teacher is not issuing certificates of achievement in the Alternative Education Delivery Model program. The Distance Learning teacher offers only college programs. There are no current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum. (Repeated from January 2008)
- There is no assigned Pre-Release class. (Repeated from January 2008)

Vocational Education

The teachers do not administer the initial Test of Adult Basic Education test and the testing does not always occur within the ten day test requirement. The initial Test of Adult Basic Education test is administered by two academic teachers. (Repeated from January 2008)

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Inmate Appeals – The audit resulted in an overall score of 93 percent. Only minor issues need to be corrected.

Case Records

Holds, Warrants, and Detainers - In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were 5 areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Time frames between initiating the Detainer Summary (CDC 850) and forwarding the inquiry to the appropriate law enforcement agency need to be documented appropriately on the CDC 850.
- Implement a tracking system to ensure the Motion for Dismissals are processed pursuant to the policy and procedures as outlined in Department Operations Manual (DOM).
- Ensure all the requirements are met for placing a hold within the four hour time frame pursuant to Departmental Policies and Procedures.
- When audits are performed ensure complete Holds, Warrants, and Detainers actions are complete.
- Ensure that when holds expire and/or are dropped that Automated Release Data Tracking System is updated appropriately and the Chronological History, CDC 112 is posted appropriately.

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Risk Management - Fire, Life, Safety Systems

- Lack of maintenance and testing of smoke detectors.
- According to maintenance record review, fire alarm systems are not properly maintained. Numerous false alarms occur as the result of errors in the alarm system in addition to inaccurate trouble indicators within the system.


Radio Communications

The System Watch and The Selective Inhibit Dynamic Regrouping (SIDR) computer were evaluated in Central Control and are working properly at this time. Staff were knowledgeable on the procedure to inhibit a radio; however, they did not know that they were required to enter new radios into the computer's database. Staff, upon learning of the required procedure, set up a training date to learn the procedure.

The Radio Vault was inspected and found to be in near perfect condition with the exception of an intrusion alarm. There was an alarm panel installed; however, not in working order. Institution staff will be putting in a work order with Plant Operations to have the alarm restored.

The Primary Emergency Operations Center control station, located in the Warden's Office was working properly.

Recommendations are to continue normal practices as MCSP has no issues with usage of the 800 MHz Trunked Radio System as all MCSP staff are following all required Public Safety Standards.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
AND
DUE PROCESS

MULE CREEK STATE PRISON

APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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Review of Administrative Segregation and Due Process

Mule Creek State Prison

INTRODUCTION

This review of administrative segregation (Ad Seg) operations and due process provisions at the Mule Creek State Prison (MCSP) was conducted by the Adult Compliance/Peer Review Branch (ACPRB), Office of Audits and Compliance, between the dates of April 27-30, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Nancy Fitzpatrick, Compliance/Peer Review Coordinator; Charles Lester, Correctional Counselor (CC) II; Mike Brown, CC II; and Al Sisneros, CC II, of the ACPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the ACPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

Mule Creek State Prison

REVIEW SCOPE AND METHODOLOGY

The ACPRB conducted an on-site review at MCSP during the period of April 27-30, 2009. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of MCSP's compliance by ACPRB.

The scope and methodology of this review was based upon written review procedures developed by the ACPRB and provided to MCSP's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the unit, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

Mule Creek State Prison

COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. IN COMPLIANCE	NO. IN NONCOMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	0	27	3	90%
Due Process	22	0	18	4	82%
Administration	10	0	9	1	90%

Review of Administrative Segregation and Due Process

Mule Creek State Prison

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at MCSP, the Facility was found to be in compliance with 54 (87 percent) of the 62 ratable areas. No areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **Quarterly Fire Drills.** Of the 24 required fire drills, 15 (63 percent) were conducted.
- **The Inmate Segregation Profile (CDC 114-A1) Documents the Inmate's Yard Group Designation.** The review team reviewed a random sample of 17 CDC 114-A1s. Of the 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not yet been to Institution Classification Committee (ICC). Of the 16 ratable CDC 114-A1s, 14 (88 percent) documented the inmate's current yard group designation. The 2 remaining CDC 114-A1s did not contain this information.
- **The CDC 114-A1 Updated Every 90 Days.** The review revealed that in a random sample of 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s, 14 (88 percent) reviewed documented a 90-day update as required. The 2 remaining CDC 114-A1s did not contain an update as required.
- **Administrative Review.** Of the 30 records reviewed, 24 (80 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 6 remaining records, 3 contained an unclear placement date and, therefore, the review team was unable to determine the required timelines; 2 records documented a late review by a Captain (1 day late); and 1 record failed to document a countersignature by an Associate Warden when the review was conducted by an acting Captain.
- **Need for Witnesses on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 12 (40 percent) contained documentation regarding the need for witnesses. The 18 remaining records left this section blank.

- **Waiver of 72-hour Preparation Time.** Of the 30 records reviewed, 17 (56 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 13 remaining records, 7 left this section blank and 6 records documented a waiver of the time limitations absent a signature by the inmate.
- **Need for Witnesses on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 13 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 17 ratable records, 12 (71 percent) documented the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 5 remaining CDC 128-Gs did not contain this information.
- **Training.** The review revealed that 14 custody staff have been assigned to the Ad Seg units for one year or more. These 14 staff members are each required to have received 11 specialized training classes. Of the 154 required specialized training classes, 89 (58 percent) have been taken.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

Mule Creek State Prison

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
Compliance (C)	The requirement is being met.
Partial Compliance (P/C)	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
Noncompliance (N/C)	The institution is clearly not meeting the requirement.
Not Applicable (N/A)	Responsibility for compliance in this area is not within the authority of this institution.
Not Ratable (N/R)	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

Mule Creek State Prison

SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 4/09	PAGE NO.
I. CONDITIONS OF SEGREGATED HOUSING			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	3
3. Clothing.	C	C	3
4. Meals.	C	C	4
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			5
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	P/C	C	7
9. Reading Material.	C	C	7
10. Rule Changes.	N/C	C	8

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 4/09	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	C	C	11
b. Reporting.	C	C	11
c. Transfer.	C	C	12
15. Access to the Courts.	C	C	12
16. Isolation Log Book (CDC 114).	C	C	13
17. Isolation/Segregation Record (CDC 114-A).			13
a. All significant information documented.	C	C	13
b. The CDC 114-A1 notes yard group designation.	N/C	P/C	14
c. The CDC 114-A1 notes special information.	C	C	14
d. The CDC 114-A1 is updated every 90 days.	N/C	P/C	15
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	P/C	P/C	16
c. Documentation.	C	C	16

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 4/09	PAGE NO.
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II. DUE PROCESS			
1. Authority.	C	C	17
2. Written Notice.	C	C	18
3. The CDC 114-D.	C	C	18
4. Confidential Material.	P/C	C	18
5. Review.	P/C	P/C	19
a. Staff Assistance.	C	C	20
b. Witnesses.	C	N/C	20
c. Inmate Waiver of Time Limitations.	C	P/C	21
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	21
6. Hearing Within 10 Days.	C	C	22
a. Determinations documented on the CDC 128-G.	C	C	22
b. Hearing Date.	C	C	23
c. Inmate Presence.	C	C	23
d. Hearing Officer.	C	C	24
e. Staff Assistant (SA)/Investigative Employee (IE) on the CDC 128-G.	C	C	24
f. Witnesses on the CDC 128-G.	N/C	P/C	25
g. The CDC 128-G notes yard group designation.	C	C	25

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 4/09	PAGE NO.
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h. Cell Status.	C	C	26
i. Participation.	C	C	26
7. Classification Review.	C	C	27
8. Classification Staff Representative (CSR) Review.	C	C	27

III. ADMINISTRATION			
1. Training.	C	P/C	28
2. ICC.	C	C	29
3. Record of Disciplinary.	C	C	29
4. Post Orders-Firearms.	C	C	30
5. Post Order-Job Site.	P/C	C	30
6. Post Order-Staff.	P/C	C	31
a. Signing of Post Orders.	P/C	C	31
b. Supervisor Inspection.	C	C	32
c. Post Order-Acknowledgment.	C	C	32
7. Protective Vests.	C	C	33

Formal Review of Administrative Segregation and Due Process

Mule Creek State Prison

COMPARATIVE STATISTICAL SUMMARY CHART

FEBRUARY 2006—APRIL 2009 REVIEW FINDINGS

RATING	TOTAL 2/06	RATING % 2/06	TOTAL 4/09	RATING % 4/09
COMPLIANCE	59	84%	54	87%
PARTIAL COMPLIANCE	7	10%	7	11%
NONCOMPLIANCE	4	6%	1	2%
NOT RATABLE	0		0	
TOTAL	70	100%	62	100%

Formal Review of Administrative Segregation and Due Process

Mule Creek State Prison

SUMMARY OF FACILITIES REVIEWED

The MCSP includes 244 Ad Seg unit beds in this multi-level Facility. At the time of this review, the Facility was housing 156 Ad Seg inmates.

For the purposes of the review, the ACPRB team toured the Ad Seg units, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of MCSP's Ad Seg units approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in MCSP's Ad Seg units are provided a clean, properly maintained cell that approximates those of general population inmates. Telephonic and written repair requests are generated in the unit and submitted to Plant Operations when repairs are needed. In addition, regularly scheduled maintenance is provided. General repairs are completed in a timely manner. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint v. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that MCSP's Ad Seg units control vermin and pests by conducting regular inspections of the unit. Regular inspections and pesticide applications provide for the control of vermin and pests. In the event of an infestation, the Ad Seg Sergeants notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilize a Loss of Privilege notice and an Informational Chrono (CDC 128-B), to notice administration as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmate's in the unit, except that temporary adjustments may be made in an inmates' clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that worn by other inmates in the unit. In addition, appropriate clothing is provided for use on the yard during inclement weather.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, reviewed unit documentation and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the unit.

The Ad Seg units receive pre-made food trays from the main kitchen and unit staff distribute these meals to the inmate population. Meal sample reports are being utilized and food temperatures are being taken and logged in the unit.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the MCSP Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the Ad Seg units and on the exercise yard. Ad Seg inmates are provided the opportunity to shower three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use on the exercise yard or holding cell.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. These laundry items are exchanged on the same basis as the general population.

8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the MCSP's Ad Seg units provide controlled compatible, reintegrated mixed, and walk-alone yard group designations. All yard group designations are being offered 3 exercise periods per week, 3.5 hours per exercise period, for a total of 10.5 hours per week of outdoor exercise.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a weekly basis. The books are requested from the unit Library Technical Assistant, who distributes the reading material on Second Watch.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing units, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up units. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Ad Seg units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memoranda that affect the inmate population in conspicuous locations accessible to Ad Seg inmates.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that MCSP provides Ad Seg inmates telephone usage pursuant to the CCR, Title 15, Section 3343 (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance, and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that MCSP provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg units on both Second and Third Watches. In addition, management staff are available during the ICC hearings and CDC 114-D segregation placement administrative reviews. The Program Sergeants tour the units during First Watch to ensure any emergency is properly addressed. The medical/psychiatric staff are assigned to the units on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes will ensure that inmates needing medical attention receive it promptly.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. The general medical treatment line is conducted on Wednesday. First Watch medical emergencies are responded to by the medical staff assigned to the main infirmary. In addition, as stated above, medical/psychiatric staff are assigned to the unit.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in the CCR, Title 15, Section 3332(f).
(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).)
- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that MCSP maintains two management cells. These cells are utilized to house unmanageable, uncontrollable, disruptive inmates who persist in disruptive destructive behavior. Placement in the management cell is by order of the Facility Captain or Administrative Officer of the Day (AOD).

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or AOD, one of whom will review management cell resident status daily.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain or AOD reviews the inmate's management cell status daily.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.
(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a Psychiatric Technician is available in the Ad Seg units seven days per week. This staff member has the ability to assess inmates placed on management cell status and make appropriate referrals as needed.

- 15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed MCSP's Ad Seg units provide direct access to a law library located in the unit. Inmates submit written requests for law library

services to the unit Library Technical Assistant who screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** A CDC 114, will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114, is maintained within the unit. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation/Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on CDC 114-A and CDC 114-A1.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)
 - a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the Ad Seg units. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 17 CDC 114-A1s. Of the 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not yet been to ICC. Of the 16 ratable CDC 114-A1s, 14 (88 percent) documented the inmate's current yard group designation. The 2 remaining CDC 114-A1s did not contain this information.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that each (100 percent) of the 17 randomly selected CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 17 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s reviewed, 14 (88 percent) documented a 90-day update as required. The 2 remaining CDC 114-A1s did not contain an update as required.

- 18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.
(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.
(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that MCSP's Ad Seg units maintain a written policy which specifies the unit's fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or Facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.
(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the units. However, of the 24 required fire drills, 15 (63 percent) were conducted.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.
(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that when fire drills are conducted, DS 5003s are being completed and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 3 remaining records documented the official ordering segregation placement was an acting Correctional Lieutenant.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. The 3 remaining records contained an unclear placement date on a reissued CDC 114-D.

3. **Receipt of the CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.

(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement. The 3 remaining records contained an unclear placement date and, therefore, the review team was unable to determine the required timelines.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a

brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.

(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 27 were not ratable as the reason for placement was not based upon confidential information. Each (100 percent) of the 3 ratable records documented that an appropriate Confidential Information Disclosure (CDC 1030) was issued and disclosed within the required time frame.

5. **Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 24 (80 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 6 remaining records, 3 contained an unclear placement date and, therefore, the review team was unable to determine the required timelines; 2 records documented a late review by a Captain (1 day late); and 1 record failed to document a countersignature by

an Associate Warden when the review was conducted by an acting Captain.

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation of a determination for the assignment of an SA/IE. The 2 remaining records documented that an SA/IE was assigned, but the staff member was not identified and, perhaps, should not have been assigned, as the "no" boxes were not checked.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.
(Reference: CCR, Title 15, Section 3337(b).)

Findings

NONCOMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 12 (40 percent) contained documentation regarding the need for witnesses. The 18 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.
(Reference: CCR, Title 15, Section 3337(c).)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 17 (56 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 13 remaining records, 7 left this section blank and 6 records documented a waiver of the time limitations absent a signature by the inmate.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.
(Reference: CCR, Title 15, Section 3337 (d).)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that the hearing timeframes were appropriate based on the inmate's request. The 1 remaining record documented a hearing held within 72 hours absent a signed waiver of time limitations by the inmate.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the inmate had not yet attended ICC. Of the 29 ratable records, 27 (93 percent) contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg. The 2 remaining records documented the ICC hearing was held 1 to 55 days late.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation of the determination arrived at during the ICC on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?
(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3375(g)(6-8); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 28 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Each (100 percent) of the 2 ratable records documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-4.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 13 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 17 ratable records, 12 (71 percent) documented the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 5 remaining CDC 128-Gs did not contain this information.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as the inmate had not yet attended ICC or had attended so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation of the inmate's participation with the ICC on the CDC 128-G.

7. **Classification Review.** Instead of the ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days, or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by the ICC at least every 180 days, or when scheduled by staff for specific action.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, and Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 15 were not ratable as the inmate had not been on Ad Seg status long enough to require a follow-up review. Each (100 percent) of the 15 ratable records contained documentation of an ICC review as appropriate.

8. **The CSR Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, and Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in MCSP's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the inmate had not yet attended ICC. Of the 29 ratable records, 28 (97 percent) contained documentation that indicated the case had been referred to a CSR for review as appropriate. The 1 remaining record did not contain this information.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team interviewed In Service Training staff and examined the training records of all Ad Seg staff assigned to the units for one year or more.

The review revealed that 14 custody staff have been assigned to the Ad Seg units for one year or more. These 14 staff members are each required to have received 11 specialized training classes. Of the 154 required specialized training classes, 89 (58 percent) have been taken.

2. **The ICC.** The ICC shall consist of:

- Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);
- Correctional Administrator or Parole Administrator III (alternate Chairperson);
- Psychiatrist or Physician;
- Facility Captain;
- Correctional Captain;
- CC III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
- Assignment Lieutenant;
- Educational or Vocational Program Representative; and
- Other Staff as required.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)

Findings

COMPLIANCE

The ACPRB review team observed ICC and reviewed CDC 128-Gs.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.

(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The ACPRB review team interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains one Register of Institutional Violations which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are four identified gun posts (three control booths and one yard gun) that require use of force policies be addressed as part of the post orders. Each (100 percent) of the armed posts directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job site for each (100 percent) of the 32 Ad Seg posts.

6. **Post Order—Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post (see below standard).

- a. Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed there are 47 identified staff who are assigned to 32 Ad Seg unit posts. Of the 54 required signatures, 52 (96 percent) were present acknowledging the understanding of the post orders.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. The CDC 1860s shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).

(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that MCSP utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and this is then countersigned by the supervisor.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a SHU, Special Management Program, Ad Seg, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
 - Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
 - On the aforementioned unit tiers.
- (Authority cited: DOM, Section 33020.16.2.)**

Findings

COMPLIANCE

The ACPRB review team toured MCSP's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the Ad Seg units.

Review of Administrative Segregation and Due Process

Mule Creek State Prison

GLOSSARY

AB	Administrative Bulletin
ACPRB	Adult Compliance/Peer Review Branch
Ad Seg	Administrative Segregation
AOD	Administrative Officer of the Day
CC	Correctional Counselor
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CDC 114	Isolation Log Book
CDC 114-A	Isolation/Segregation Profile
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Order for Placement/Retention in Administrative Segregation
CDC 128-G	Classification Chrono Form
CDC 1030	Confidential Information Disclosure
CDC 1860	Post Order Acknowledgment Form
CSR	Classification Staff Representative
DOM	Department Operations Manual
DS 5003	Fire Drill Report
IB	Informational Bulletin
IE	Investigative Employee
ICC	Institution Classification Committee
MCSP	Mule Creek State Prison
PC	California Penal Code
SA	Staff Assistant
SHU	Security Housing Unit

CALIFORNIA DEPARTMENT OF CORRECTIONS
AND REHABILITATION'S

OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

MULE CREEK STATE PRISON

APRIL 27 THROUGH MAY 8, 2009

CONDUCTED BY

THE AUDITS BRANCH

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**OFFICE OF AUDIT AND COMPLIANCE
AUDITS BRANCH**

MULE CREEK STATE PRISON

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch, conducted an audit of Business Services at Mule Creek State Prison (MCSP). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Delegated Testing;
- Procurement;
- Materials Management (i.e., Warehousing and Property);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of April 27 through May 8, 2009. The exit conference was held on May 8, 2009.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Deborah Brannon, Michael Robinson, Naomi Banks and Saihra Posas conducted the audit. In addition, Jeff Ridge, Procurement Services Officer II, CSP Solano; Brian Adams, Correctional Food Manager, Pleasant Valley State Prison; Cheri Long-Blaze, and Christine Kahle, Personnel Specialist, Headquarters; provided subject matter expertise. Alberto Caton, Correctional Administrator coordinated and managed the audit. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of prior reports, tests of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

MULE CREEK STATE PRISON

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of MCSP's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

MULE CREEK STATE PRISON

CORRECTIVE ACTION PLAN

MCSP's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Rose.Mitjans@cdcr.ca.gov. Send the original to Alberto Caton, OAC, PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 255-2717.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

MULE CREEK STATE PRISON

EXECUTIVE SUMMARY

The OAC's Audits Branch conducted an audit of Business Services at MCSP during the period of April 27 through May 8, 2009. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Unresolved findings are identified in this report as "Prior Finding."

The exit conference related to this audit was held on May 8, 2009, with the Warden, Chief Deputy Warden, and Business Services staff. The Audits Branch requested that MCSP provide a CAP within 30 days after receipt of the preliminary audit report.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Delegated Testing;
- Procurement;
- Materials Management (i.e., Warehousing and Property);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Twenty-four findings are identified in the preliminary audit report and categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	4	1
Health and Safety	6	3
Internal Control	6	8
Late Detection and Additional Workload	11	11
Training	2	20
Total	29	

The executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

I. ADMINISTRATIVE CONCERNS

A. Nepotism

In the Food Services unit, the Assistant Correctional Food Manager (ACFM) and a Correctional Supervising Cook (CSC) are related. There is one CSC that separates the reporting relationship between the CSC and the ACFM.

Impact: This condition could adversely affect or influence moral, fair, and impartial supervision.

B. Plant Operations

1. Work Order System

Processing work request may be inefficient. For example, supervisors, managers, and clerical staff spend two to three hours per day receiving telephone work requests instead of institutional staff adhering to MCSP's Operational Procedure (OP) MC 94, which requires staff to complete and submit work requests.

Impact: This issue results in an incompatibility with Standard Automated Preventive Maintenance System (SAPMS), difficulty determining tasks performed, and no standard work order process.

C. Personnel

1. Duty Statements

Duty statements do not appear to be reviewed by employees who perform the duties indicated on the duty statements. For example, based on duty statements, it was difficult to determine who supervised inmates in Dry Cleaning, who performs periodic position reconciliations, and who processes benefits. Additionally, they are not signed and dated by the employee. This is noted in Plant Operations, Trust, Food Services, and Hiring Packages.

Impact: This condition could result in employees being unaware of their duties and makes it difficult to determine the duties and responsibilities of staff.

2. Employees Evaluations

Individual Development Plans (IDP) and Probationary Reports are not prepared in a timely manner. As of April 28, 2009, there are 187 IDPs and 225 Probationary Reports outstanding.

Impact: This issue may result in employees not being aware of their job expectations and performance.

II. HEALTH AND SAFETY

A. Plant Operations

1. Work Place Hazards

Communicating work place hazards is not performed in accordance with the MCSP's Injury and Illness Prevention Plan (IIPP). Staff are not supplied with access to current hazard information pertinent to their work assignments. For example, Codes of Safe Practices and Hazard Evaluations are not current at C-Yard Engineer's, Plumber's, Carpenter's Shops, B-Yard Paint and Plumber Shops, and the Outside Grounds.

Impact: This condition could result in duties not performed in a safe and healthy manner.

2. Hazardous Waste Spill

Hazardous waste spills are not mitigated in a timely manner. For example, there is a leaking 55 gallon drum located at the plant operations office that was discovered on April 26, 2009, but has not been fully mitigated as of May 7, 2009. This was also noted by the Office of Risk Management during their inspection. Exacerbating this condition is that the drum is leaking oily substances and is located 10 feet from a storm drain.

Impact: This condition could result in contamination, fines, and penalties.

3. Safety Meetings (Tailgates)

Safety meetings are not conducted for each maintenance section at least every ten days and written minutes taken. This occurred in 90 percent of the shops reviewed.

Impact: This condition could result in safety concerns not being transmitted in a timely manner.

4. Personal Protective Equipment

Personal Protective Equipment (PPE) maintained at the Minimum Support Facility (MSF) is outdated (i.e. expired in 2003). Additionally, the prepared kits do not have the full complement of equipment according to the inventory.

Impact: This condition could result in difficulty responding to emergencies.

5. Regulated Waste

Regulated waste (e.g. amalgams and lead foil) maintained at the C Facility Dental Clinic is not picked up timely for disposal. The Audits Branch noted multiple full containers of amalgams and lead foil without a plan for disposal or pick-up.

Impact: This issue results in the potential for staff coming into contact with hazardous substances that may transmit diseases.

6. Respiratory Protection

The Audits Branch could not determine whether MCSP's Medical Department is in compliance with CalOSHA requirements related to the California Code of Regulations (CCR), Title 8, Sections 5144 (f)(1), Fit Testing, and 5144 (e)(1), Medical Evaluations. Documentation was not provided by the Institutional Safety Officer (ISO) or In-Service Training (IST).

Impact: This condition suggests that the Institution may not be maintaining an injury and illness free workplace. Additionally, the primary objective of a Respiratory Protection Program (RPP), which is to prevent atmospheric contamination, may not be achieved.

III. INTERNAL CONTROLS

A. Inmate Trust Accounting

1. Payroll Warrants

The control over payroll warrants is inadequate. It appears that the persons receiving and distributing salary warrants are also processing personnel documents.

Impact: This issue could result in late detection of manipulation and irregularities related to attendance.

2. Inmate Securities

Separation of duties over inmate securities is inadequate. For example, one employee performs all duties related to controlling securities. Additionally, the face value of securities is not entered into Trust Restitution Accounting Control System (TRACS) or the manual security ledger. Lastly, an annual physical inventory of securities is not taken and reconciled. There are currently six securities maintained in the trust office.

Impact: This condition could result in difficulties detecting errors and irregularities.

B. Materials Management

1. Property

The physical location of property does not reconcile to the Property Control System (PCS). In addition, equipment was improperly tagged (e.g., missing tags and/or blank tags). Deficiencies are noted on 40 items located in the Personnel and IST offices.

Impact: This condition may result in the late detection of errors, irregularities, theft, and/or misappropriation.

2. Non-Drug Medical Supplies/Inventory Levels

There appears to be excessive inventory in the non-drug medical area. Sixty-one percent of inventories (i.e. 185 items) are reflected on the Over-Max Report. Additionally, inventory levels are not always entered into State Logistics Automated Material Management (SLAMM) and the unit price is not provided for all Category 5 items (i.e. medical instruments level 1).

Impact: This condition results in overstating the total value of overmax and can lead to poor supply management.

3. Non-Drug Medical-Separation of Duties

The warehouse manager has significant control over non-drug medical inventory. For example, he determines the need for goods/services, prepares the Interoffice Requisitions - Local (CDCR. 954), obtains quotes, maintains inventory, inputs purchase orders, issues inventory, and inputs adjustments into SLAMM. In addition, he conducts first and second counts of inventory. Finally, inventory adjustments are not prepared for management review and approval prior to adjusting inventory.

Impact: This condition results in overstating the total value of overmax and can lead to poor supply management.

4. Maintenance Warehouse

The Storeroom Supply Order Form (Std. 115), forwarded to the maintenance warehouse, is not complete. They are missing approving signatures. This occurred on all Std. 115s reviewed.

Impact: This condition could result in late detection of errors, irregularities, misappropriation, and theft.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Inmate Trust Accounting

1. By-Laws

The criteria (i.e. (Department Operations Manual) DOM, Section 53110) quoted in the by-laws are inaccurate/obsolete. In addition, the by-laws do not specify how the funds are to be used; nor do they specify the maximum number of annual fund raisers allowed.

Impact: This condition could result in late detection of errors, irregularities, and/or the misuse of the account.

B. Personnel Transactions

1. Accounts Receivables

Accounts Receivables (ARs) are not always resolved in a timely manner. As of April 21, 2009, there were 56 ARs outstanding for over 90 days totaling \$44,311, which no action has been taken toward resolution.

Impact: This condition could result in the perception that the Institution is giving out interest free loans. The longer ARs remain outstanding the more difficult it becomes to collect.

2. Suspended Pay

Suspended pay is not cleared in a timely manner. As of May 2009, there are 16 transactions outstanding over 90 days totaling \$24,842. Suspended pay transactions date back to 2003.

Impact: This condition results in difficulty resolving payments and an aged salary advance. In addition, this issue could result in unreported income for an employee.

C. Classification and Pay

1. Appointments

Appointments and related personnel transactions are made prior to approvals. For example, three Request for Personnel Action Forms (RPA), three bilingual pay transactions, two out of class transactions, and two training and development assignments were all processed prior to approvals. Additionally, a freeze exemption was approved after the fact.

Impact: This issue could result in late detection of irregularities, revoked delegation, misallocation, and an illegal hire.

2. Inmate Workers Supervision Pay

There are deficiencies related to processing Inmate Workers Supervision Pay (IWSP) based on the eight employees reviewed during the time period of January 2008 through December 2008. For example, inmate time sheets and the employees Employee's Attendance Records (CDC 998-A) are not reviewed and reconciled.

Impact: This condition results in late detection of errors, irregularities, and possible overpayments.

D. Plant Operations

1. Database Management

There are several deficiencies related to managing the Plant Operations database. For example, there is a backlog of open work orders (i.e. 716 work orders), information related to equipment is not updated timely, there is no trained backup even though the workload has increased due to Americans with Disabilities Act (ADA).

Impact: This condition could result in overtime expenditures and incorrect reports.

2. Backflow Devices

There are deficiencies related to the testing and maintenance of backflow devices. Thirteen field tests were reviewed. For example, the master list is not updated, there is no testing schedule for 2008 and 2009, the certified backflow tester does not complete field tests, and the model and serial numbers on field test do not reconcile with the database. Additionally, it is difficult to determine whether backflows are repaired timely when there are test failures.

Impact: This condition could result in difficulty determining whether backflows are tested and maintained properly.

3. Emergency Generators

There are deficiencies related to documenting the testing and maintenance of the emergency generators. For example, logs do not reconcile with the database, logs do not adhere to load bank tests and they are not standardized. The lift station generator is not maintained in the database. There are no logs for the generators located in the co-generation plant, information required under the permit requirements is not logged and published schedules cannot be ascertained.

Impact: This condition results in difficulty determining whether emergency generators are tested and maintained properly.

4. Preventive Maintenance

There are deficiencies related to the Preventive Maintenance (PM) program. For example, PM is not performed on kitchen equipment. PM procedures have not been approved by management, equipment is not clearly identified, and Equipment Maintenance Data sheets are not used timely. Additionally, institutional goals are not met and a standardized method to account for parts, materials, and labor is not maintained.

Impact: This issue could result in late detection of equipment problems and additional repair costs.

5. Plant Operations Activity Report

The Plant Operation Maintenance Report (POM) may not accurately reflect plant operations activities. For example, according to the POM, four classifications are

underreporting the hours worked per month. Additionally, the number of staff who performs maintenance is incorrect.

Impact: This condition could result in inaccurate reports provided to management.

6. Inmate Workers Time Log

There are several deficiencies related to the Inmate Workers Time Log (CDC 1697). For example, it is difficult to determine whether timesheets are accurate. Timesheets do not always have the supervisors and first line supervisors' name. Initials are used instead of signatures. Daily Movement Sheets (DMS) numbers and transfer in dates are missing. Exceptional time is not always explained and an outdated CDC 1697 is used. These deficiencies were noted for inmates working in the Wardens office, Plant Operations, IST, the Library, Facility B, Enhanced Outpatient Program (EOP), and the Prison Industry Authority (PIA) manager's office.

Impact: This condition could result in overpayments and late detection of irregularities.

V. TRAINING

A. Plant Operations

1. Confined Space

Confined Space Awareness training was not conducted for plant operations staff within the past year based on IST documentation.

Impact: This condition could result in staff not following safe practices related to accessing confined spaces.

2. Respiratory Protection

TBRPP training for Medical staff and RPP training for Plant operations staff was not conducted within the past year.

Impact: This condition may result in unawareness of current trends, policies and practices related to respiratory protection.

FINDINGS AND RECOMMENDATIONS

I. ADMINISTRATIVE CONCERNS

A. Nepotism

In the Food Services Unit when the ACFM and a CSC are related. There is one CSC that separates the reporting relationship between the CSC and the ACFM.

This condition could adversely affect or influence moral, fair, and impartial supervision.

DOM, Section, 33010.25, Nepotism/Fraternization, states: "Employees involved in such relationships may work in the same program, section, or unit. However, appointments or assignments shall not be made where the employee would:

- Work for the same supervisor.
- Have a direct (first line supervisor), or indirect supervisory relationship (second line supervisor)."

Recommendation

Review DOM and evaluate the current reporting structure and relationship of the ACFM and the CSC. If the relationship violates the provisions of DOM, then restructure the relationship to comply with DOM.

B. Plant Operations

1. Work Order System

The work order system is not efficient, effective, and in compliance with the MCSP's operational procedures (OP). The Audits Branch noted that Supervisors, Managers, and clerical staff are spending two to three hours per day receiving telephone work requests. Instead, institutional staff should be adhering to MCSP's OP number MC94 and completing and submitting a work request form for non-emergency maintenance work.

This issue results in an incompatibility with SAPMS, difficulty determining tasks performed, and no standard work order process.

MCSP's OP number MC94, Work Order Process, states in part: "Call extension 6704 for emergency/critical issues only." Do not contact individual shops for work request. Green work order request forms must be submitted through the proper procedures. Only Plant Operation's supervisors approve and delegate work to be completed by the Plant Operation's staff.

Recommendation

Establish a standard work order system and ensure that work orders are reviewed by supervisors, fully completed, signed, dated, and returned in a timely manner.

C. Personnel Transactions

1. Duty Statements

Duty Statements do not appear to be reviewed by employees who perform the duties indicated on the duty statements. They are not signed and dated by the employee. For example, based on the duty statements, it was difficult to determine who supervised inmates in Dry Cleaning, who performs periodic position reconciliations, and who processes benefits. This deficiency was noted in the areas of Plant Operations, Trust, Food Services, and Personnel.

This issue could result in employees being unaware of their duties and makes it difficult to determine the duties and responsibilities of staff.

State Administrative Manual, Section 20050, states: "Information must be identified, captured, and communicated in a form and time frame that enable people to carry out their responsibilities."

Recommendation

Provide duty statements to employees for review. After review ensure that employees sign and date the duty statement and retain a copy for audit purposes. Update duty statements as necessary to reflect the current functions of the classification.

2. Employee Evaluations

IDPs and Probationary Reports are not prepared in a timely manner. As of April 28, 2009, there are 187 IDPs and 225 Probationary Reports outstanding.

This issue may result in employees not being aware of their job expectations and performance.

The PTM, Section Agency Responsibility, Section 900.1, states in part: ". . . each State agency is responsible for the administration of the performance appraisal program for permanent and probation employees. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board."

Recommendation

Establish a procedure to ensure that performance reports and IDPs are completed and monitored.

II. HEALTH AND SAFETY

A. Plant Operations

1. Work Place Hazards

Communicating work place hazards is not performed in accordance with the MCSP's Injury and Illness Prevention Plan (IIPP). Staff are not supplied with access to current hazard information pertinent to their work assignments. For example, Codes of Safe Practices and Hazard Evaluations are not current at C-Yard Engineer's, Plumber's, Carpenter's Shops, B-Yard Paint, and Plumber Shops, and the Outside Grounds Codes of Safe Practice have not been updated since 1995.

This condition results in duties not being performed in a safe and healthy manner.

DOM, Section 31020.3, Objectives, states in part: "All systems shall meet or exceed the minimum safety and health standards of the General Industry Safety Orders (GISO), CCR, Title (8); Manual of Standards for Adult Correctional Institutions (ACA); National Fire Protection Association (NFPA) Life Safety Codes; H&SC; and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control."

MCSP'S IIPP states in part: "Record Keeping
Local Procedures include but are not limited to:

- Codes of safe practices,
- Confined space,
- Electrical hazards,
- Trenching and excavation work,
- Proper use of power tools,
- Personal protective equipment, and
- Hazard communication, etc."

MCSP'S IIPP Supervisors' Responsibilities states: "Implementing measures to eliminate or control workplace hazards and communicating pertinent hazards to employee."

Recommendation

Adhere with the DOM and the MCSP'S IIPP program.

2. Hazardous Waste Spill

Hazardous waste spills are not mitigated timely, or in accordance with MCSP's Management's expectations. The Audits Branch noted that there was a leaking 55 gallon drum of an oily substance at the Plant Operations office on April 26, 2009, and it has not been mitigated as of May 8, 2009. It should be noted that the Fire Chief and Hazardous Material Specialist was notified by the MCSP Correctional Plant Supervisor, the Office of Risk management, and the OAC that there is potential of hazardous waste entering the storm drain as it rained on May 2nd through 3rd, 2009, and the leaking drum was located ten feet from the storm drain.

This issue results in an increased threat to life, health, and safety. Additionally, fines and penalties may be imposed.

The MCSP's duty statement for the Associate Hazardous Materials states: "Responsible for the Hazardous Materials/Waste Program to ensure that departmental procedures and hazardous waste are adhered to at MCSP."

A memorandum generated by the MCSP's Fire Chief dated September 8, 2008, states in part: "To mitigate the liability of leaving hazardous waste unsecured, the cost of unknowns...The on-site generator is responsible for contacting the Associate Hazardous Materials Specialist to request a hazardous waste pick-up...."

DOM, Section 520030.1, Control of Dangerous and Toxic Substances Policy, states: "All units of the Department shall meet or exceed the requirements of all rules, regulations and laws applicable to identification, training, use, storage, handling and disposal of hazardous, toxic, volatile, caustic and flammable substances; including those established in the Guidelines for the Control and use of Flammable, Toxic, and Caustic Substances, and the Hazardous Substances Information and Training Act, LC, Division 5, Chapter 2.5. The Department shall provide a working and living area that is as free as possible from unsafe and unhealthy exposure which could lead to personal injury or illness."

DOM, Section 52030.2, Purpose, states: "This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state, and local laws or ordinances."

Recommendation

Clean all spills up in a timely manner to protect property, health, safety, and environment.

3. Safety Meetings (Tailgates)

Safety meetings (i.e. tailgates) are not conducted for each maintenance section at least every ten days and written minutes taken. Ninety percent of the shops tested did not conduct safety meetings.

This issue results in the appearance that Plant Operations has not implemented and maintained an effective IIPP.

CCR, Title 8, Article 3, Section 8406(e), IIPP, states in part: “. . . supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place and supervisory personnel present, subjects discussed and corrective action taken, if any, and maintained for inspection.”

Recommendation

Adhere to the CCR, Title 8.

4. Personal Protective Equipment

PPE maintained at the MSF is outdated (i.e. expired in 2003). Additionally, the prepared kits do not have the full complement of equipment according to the inventory.

This condition could result in difficulties responding to emergencies.

Title 8, Section 5193, Personal Protective Equipment, states: “Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Note: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.”

Recommendation

Review the provisions of the CCR and perform an audit of the existing PPE kits to determine the adequacy of the kits. Update as necessary to ensure that kits are compliant with the CCR.

5. Regulated Waste

Regulated waste (amalgams and lead foil) maintained at the C Facility Dental Clinic is not picked up timely for disposal. The Audits Branch noted multiple full containers of amalgams and lead foil without a plan for disposal or pick-up.

This condition may put staff in jeopardy of coming in contact with hazardous substances that may transmit diseases. Additionally, these instances may not be reported and documented.

Regulated Waste, 4. Medical Waste as defined by California Health and Safety Code, Chapter 6.1, Sections 117600–117800, (see Chapter 9, Appendix, page III, App.1). B. Handling, Storage, Treatment and Disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, as referenced above and as described in this Chapter and in Chapter 8, Communicating Hazards and Recordkeeping. It shall also be done in a manner that observes Universal or Standard precautions.

C. Disposal of sharps containers.

1. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - Placed in a secondary container if leakage is possible. The second container shall comply with all provisions listed in number 2 below.
2. Contaminated sharps shall be discarded immediately in containers that are able to be closed, puncture resistant, leak-proof, and labeled in accordance- 3.7 - 1/11/02 with the recommendations of the CalOSHA Blood Borne Pathogens Standard (see Chapter 8, Communicating Hazards and Recordkeeping).
3. Reusable containers shall not be opened, emptied or cleaned manually in any manner that might expose employees to the risk of injury.

Recommendation

Comply with the California Health and Safety Code, Sections 117600 – 118360.

6. Respiratory Protection

The Audits Branch could not determine whether MCSP's Medical Department is in compliance with CalOSHA requirements related to the CCR, Title 8, Sections 5144 (f)(1), Fit Testing, and 5144 (e)(1), Medical Evaluations. Documentation was not provided by the ISO or IST.

This issue suggests that MCSP is not maintaining an injury and illness free workplace. Also the primary objective of a RPP, which is to prevent atmospheric contamination, may not be achieved.

CCR, Title 8, Section 5144, Sub Chapter 7, General Industry Safety Orders, Group 16, Control of Hazardous Substance, Article 107, Dust, Fumes. Mists, Vapors, and Gases, states in part: "This subsection requires the employer to develop and implement a written RPP with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.

e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this subsection specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.

(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

f) Fit testing. This subsection requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting face piece; the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This subsection specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.

(f)(1) The employer shall ensure that employees using a tight-fitting face piece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this subsection."

Recommendation

Comply with the CCR.

III. INTERNAL CONTROLS

A. Inmate Trust Accounting

1. Payroll Warrants

The control over payroll warrants is inadequate. It appears that the staff receiving and distributing salary warrants are also processing personnel documents (i.e., timekeepers processing CDC 998-A). For example, as of May 5, 2009, there are four instances in Procurement, Warden's Office, PIA and IST where paymasters are timekeepers.

This issue could result in the manipulation of the attendance.

SAM, Section 8580.1, states: "State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents to [State Controller's Office] SCO, Division of Personnel and Payroll Services. Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: d. Absence and Additional Time Worked Report form, STD. 634 (the STD. 634 has been replaced by the CDC 998-A). Departments will review duties at least semiannually or more often if necessary to comply with this section."

Recommendation

Comply with the SAM policy and monitor for compliance. Ensure that persons designated to receive, distribute, or handle salary warrants are not authorized to process or sign personnel documents.

2. Inmate Securities

Separation of duties over inmate securities is inadequate. One person controls all aspects of securities from receipt to disposition. Additionally, the face value of securities is not entered into TRACS or the manual security ledger. Lastly, an annual physical inventory of securities is not taken and reconciled.

This condition may result in late detection of errors, irregularities, theft, or misappropriation.

SAM, Section 20500, Internal Control, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures..."

SAM, Section 19422, Depositors Securities, states: "Agencies will issue press-numbered property receipts for securities received from private individuals. The par or face value of the securities will be shown on the property receipts. No-par stock will be assigned an arbitrary value of one dollar per share. Amounts are entered on property receipts for securities for custody accounting purposes only. They have no relationship to market values."

Recommendation

Separate the duties over securities so that no one person has significant control over securities. Additionally, review SAM, Section 19422 to determine the proper processing requirements for inmate securities. Monitor for the process compliance.

B. Materials Management

1. Property

A spot check was performed, and it was determined that the location of property does not reconcile to the PCS. Deficiencies were noted in Personnel and IST. Approximately 40 items were not listed on the PCS, and included: PCs, monitors, printers, calculators, etc.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Section 22030.12.3, Property Identification Numbers, states in part: "Each item of state-owned property shall bear an identifying number, either by decal or engraving . . . To the extent possible, all property shall be tagged on the front, left-hand corner of the item . . . If the property tag is destroyed, lost, or marred beyond recognition, a substitute number shall be supplied upon request."

Recommendation

Periodically perform spot checks to ensure that the PCS is current and accurately reflects the location of property and that property is properly tagged.

2. Non-Drug Medical Supply/Inventory Levels

There appears to be excessive inventory in the non-drug medical area. Sixty-one percent of inventory is related to the overmax report and inventory levels are not always entered into SLAMM. A total of 185 items do not have maximum levels set. In addition, the unit price is not entered for all Category 5 (Medical Instruments Level 1) items listed on the Master File Report.

This condition results in overstating the total value of overmax and can lead to poor supply management.

DOM, Section 22030.10.5, Setting Levels, states: "Levels are set to ensure that stock shall not be depleted."

DOM, Section 22030.10.5, Min/Max Concepts of Setting Levels, states: "A simple MIN/MAX supply level system provided proper inventory control."

DOM, Section 22030.10.1.1, Data Requirements, states in part: "Unit price – all stock items shall have a unit price entered. Use the latest price paid for the time. This is necessary for computer update and budgetary purposes...Price per order unit – enter the price per standard unit of measure...Total Cost – enter the extension price (The unit price times the quantity equals the total cost)."

Recommendation

Ensure maximum supply levels and unit prices are established on all items.

3. Non-Drug Medical-Separation of Duties

The Warehouse Manager I over non-drug medical supplies warehouse has significant control over the inventory. He determines the need for goods/services, prepares the Std. 954s, obtains quotes, maintains goods in inventory, inputs purchase orders, issues, and adjustments into SLAMM. In addition, the Warehouse Manager I also conducts first and second counts of inventory. Finally, inventory adjustments are not prepared for management review and approval prior to adjusting inventory.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 22050, Internal Control, states in part: ". . . elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets. . ."

Recommendation

Ensure that no one person has significant control over duties in the non-drug medical supplies warehouse.

4. Maintenance Warehouse

The Std. 115s, in the maintenance warehouse, are incomplete. The approving signature is missing on all Std. 115s reviewed.

This condition results in difficulties determining if items requested have supervisor's approval/knowledge.

DOM, Section 22030.11.7, Distribution of Material, states in part: "The requisition shall show the . . . signatures of the requester. The requisition shall be signed by the approving officer . . ."

Recommendation

Ensure Std. 115s are completed properly.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Inmate Trust Accounting

1. By-Laws

The criteria (DOM, Section 53110) quoted in the by-laws are inaccurate/obsolete. In addition, the by-laws do not specify how the funds are to be used, nor do they specify the maximum number of annual fund raisers allowed.

This condition could result in late detection of errors and irregularities, and/or the misuse of the account.

SAM, Section 19440.1, states: "Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restrictions on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved."

DOM, Section 101080.1, Charitable Fund Raising Campaigns, states: "Inmates may be authorized annual participation in a maximum of three campaigns for recognized charitable causes per inmate activity group."

Recommendation

Ensure that by-laws are quoting the correct criteria and that all necessary information is contained within the by-laws.

B. Personnel Transactions

1. Accounts Receivables

ARs are not always resolved in a timely manner. As of April 21, 2009, there were 56 ARs outstanding over 90 days, totaling \$44,311, in which no action had been taken toward resolution.

This condition could result in the perception that the Institution is giving out interest free loans and the longer the ARs remain outstanding the more difficult it becomes to collect.

Accounting Instructional Memorandum 99-09, Accounts Receivable Process, Section A, states in part: “. . . the employees must repay any overpayment, to employers.” Also, according to SAM, Section 8776.7, “Departments will notify employees (in writing) of overpayments and provide them an opportunity to respond.”

Recommendation

Review outstanding ARs over 90 days to determine the efforts taken toward collection. Identify action taken toward resolution and develop a strategy to ensure that ARs are resolved in a timely manner.

2. Suspended Payments

Suspended payments are not cleared in a timely manner. Some transactions date back to 2004.

This condition could result in difficulty resolving payments and an aged salary advance.

Payroll Procedures Manual (PPM), Section I406, Suspended Payments, states in part: “A valid payment or adjustment is tested for a series of conditions before being released. If a payment or adjustment fails to meet all the requirements, it is withdrawn for later release and placed on the Suspended Payment File....”

Recommendation

Clear the suspended payment report and establish a procedure to monitor the process for compliance.

C. Classification and Pay

1. Appointments

Appointments and related personnel transactions are made prior to approvals. Three RPAs were reviewed and disclosed that approvals were obtained after the effective date of hire.

MULE CREEK – PERSONNEL TRANSACTIONS MADE PRIOR TO APPROVALS			
	Effective Date	Approval	Dates
Bilingual Pay Transactions	3/22/07	4/30/07	11/30/07
	None*	3/30/07	4/6/07
	10/30/07	9/4/98	9/10/98
Out of Class	10/20/08	2/17/09	
	7/8/08		
T&D Assignments	11/1/07-10/31/09	11/19/07	
	1/26/09-1/25/11	1/30/09	

*The Exam Date was 3/22/07

Lastly a freeze exemption was approved after the fact.

This issue could result in late detection of irregularities, revoked delegation, misallocation, and an illegal hire.

SAM, Section 20050, Personnel Operations Manual, 210.9 and 230.4, and the MCSP's OP number 206, requires in part that approvals and authorization be obtained prior to committing to any of the appointments and related transactions identified above.

Recommendation

Review the policies and procedures governing appointments and related personnel transactions. Apply those policies to the transactions identified above and monitor the process for compliance.

2. Inmate Workers Supervision Pay

Based on the eight employees reviewed during the time period of January 2008 through December 2008, there were deficiencies related to processing IWSP. Employees commonly sign the CDC 1697 when they are not at work (e.g., Regular Days Off, sick leave, and vacation). Additionally, inmate timesheets

were not verified and the total hours required for an employee to be eligible to receive IWSP were not worked. Lastly, in some instances employees received IWSP but did not supervise at least two inmates.

This condition results in late detection of errors, irregularities, and possible overpayments.

Department of Personnel Administration, Pay Differential 67, IWSP Differential-Units 01, 04, 15, and 19, and Excluded Employees, revised July 8, 2008, states in part: "A – Employees having regular direct responsibility for work supervision, on-the-job training, and work performance evaluation of at least two inmates, wards, or resident workers who substantially replace civil service employees for a total of at least 173 hours per pay period...."

Recommendation

Review the deficiencies noted above and develop a strategy to ensure that payment of IWSP is made only when the applicable criteria is met. Also establish adequate record-keeping procedures, provide training, and monitor the process for compliance.

D. Plant Operations

1. Database Management

There are no trained back-up personnel within Plant Operations for supporting the automated system. The Audits Branch noted other deficiencies regarding electronic data/information technology as follows:

- There is a backlog of over 716 open work orders. Additionally, the Audits Branch could not determine the backlog of self-generated work orders generated.
- Asset management is not always updated, completed and reconciled due to the SAPMS administrator's workload.
- Inmate time is not noted in over 70 percent of the samples.
- The SAPMS administrator's workload has increased with ADA court mandated requirements without additional resources.

This condition could result in overtime expenditures and incorrect reports.

DOM, Section 11010.12.4.4, states: "The Facilities Maintenance Unit is responsible for the development, implementation, administration, support of the SAPMS.

DOM, Article 2, Section 41020.2, states in part: “. . . the purpose of this policy is to ensure that departmental resources and information technology are used optimally in achieving the Department’s mission and goals, and objectives.

Additionally, this policy assures that the uses of information technology follow the guidelines established internally by CDC management and training to all electronic data processors (EDP) staff to ensure staff’s overall effectiveness,

success and efficiency in providing automated solutions to departmental business problems.”

Recommendation

Review the deficiencies noted above. Develop a strategy for eliminated backlog, update and provide support for the SAPMS administer as workload increases.

2. Cross Connection Program (Backflow)

The Audits Branch noted the following deficiencies regarding the cross-connection program (backflow):

- The master list which identifies the location, serial numbers, manufacturer, and the number of back flow devices that are to be tested annually has not been updated.
- There is no published cross-connection schedule for 2008 or 2009.
- The certified backflow assembly tester does not complete filed test. The tester is not certifying, dating or placing start and stop times on the field test.
- The model and serial numbers on field test do not reconcile to model and serial numbers input into the SAPMS.
- The Audits Branch could not determine whether backflow devices are repaired timely after the initial test failed.

This condition could result in overtime expenditures and incorrect reports.

This is not in accordance with the California Plumbing Code, Section 603.3.2, states: “The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required.”

SAPMS guidelines states in part: “. . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment.”

The California Department of Health Services, Section 7605, states: “(c) Backflow preventers shall be tested at least annually or more frequently if determined to be necessary by the health agency or water supplier. When devices are found to be defective, they shall be repaired or replaced in the provisions of this chapter.

(d) Backflow preventers shall be tested immediately after they are installed, relocated or repaired and not placed in service unless they are functioning as required.

(e) The water supplier shall notify the water user when testing of backflow preventers is needed. This notice shall contain the date when the test must be completed.

(f) Reports of testing and maintenance shall be maintained by the water supplier for a minimum of three years.”

Recommendation

Create a master listing or use plot plans to identify all locations and devices. Maintain accurate data within the SAPMS and test backflows on an annual basis. Monitor for compliance and provide continuous training to staff.

3. Emergency Generators

Documentation of testing and maintenance of the emergency generators is not prepared in accordance with Institutions Maintenance Unit (IMU) guidelines and the Amador Air District. The Audits Branch noted the following:

- Logs maintained by MCSP staff do not reconcile with SAPMS data.
- Logs do not adhere with IMU guidelines regarding load bank test.
- Logs maintained at the Correctional Treatment Center, Lethal Electrified Fence, Waste Water Treatment Plant and lift station are not standardized.
- The lift station generator is not in the data base for tracking and monitoring.
- Back-up generators at the co-generation plant do not have logs.
- Information required under permit requirements is not logged and recorded.

This condition could result in the alternate electrical supply failing in the event of an emergency. In addition, may make it difficult to determine and validate that emergency generators are tested timely.

IMU memorandum, “Emergency Power Generator Systems,” dated December 21, 1999, directs institutions to conduct load bank tests on emergency generators and recommends that the institution incorporate all assets and tasks into the SAPMS. PERMIT UNIT REQUIREMENTS Amador Air District permit to operate number 14, states: “DIESEL RECORDKEEPING: The operator shall maintain a record of diesel fuel consumption and make such records available to district inspections upon request.” (Rule 513)

Recommendation

Adhere with the IMU guidelines.

4. Preventive Maintenance

The Audits Branch noted that the methods of a PM program are not being adhered to.

- PM procedures have not been approved by the Associate Warden, Business Services and the Warden.
- Asset history reports are not requested, reviewed and reconciled.
- A PM program may not comply with in the Main Kitchen. Of the 33 assets sampled, 90 percent are not maintained per the published schedule or are scheduled for PM.
- Equipment/assets are not clearly identified with the standard equipment code on each piece of equipment (SAPMS tags).
- Equipment Maintenance Summary Data Sheets are not used timely to place new assets on a PM schedule.
- Institutional goals are not met by the Electricians, Electronic Technicians, Groundskeepers, Painters, Plumbers, Maintenance Mechanics, and Waste Water Treatment per their duty statement. The essential duties and responsibilities state that 20 percent of their time is to be spent performing PM; however, the POM report indicates that considerably less time is spent performing PM.
- A standardized method to account for parts, materials, and labor when performing PM has not been developed.

This condition may render the PM program ineffective, decrease efficiency, increase downtime, and result in additional repair costs.

CCR, Title 15, Subchapter 5, Article 1, Section 3380(c), states in part: “Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required for implementation of regulations and as may otherwise be required for their respective operations Such procedures will apply only to the inmates, parolees, and personnel under the administrator.”

SAPMS guidelines, states in part: “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised.”

Departmental Plant Operations Maintenance Procedure’s Manual, states: “The CPM shall complete a review, at least monthly . . .”

California Food Code, Section 114175, states: "All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair."

Recommendation

Adhere to the methods of a PM program.

5. Plant Operations Activity Report

POM reports are unreliable. The POM does not accurately reflect Plant Operations activities; based on the period sampled October 2008 - March 2009. The Audits Branch noted the following deficiencies:

- a. The Electronic Technician, Co-generation, Pest Control Technician, and Maintenance Mechanics are not meeting the minimum required hours for the pay period.
- b. The number of staff reported as performing maintenance is inaccurate.

This condition may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

DOM, Section 11010.21.4, states: "Compile information for monthly reports as appropriate."

SAPMS guidelines, states in part: "Routing copies of the report to the following: Warden, Correctional Administrator, Business Services, and Correctional Plant Manager"

Recommendation

Route, validate, and review reports for accuracy to determine that they accurately reflect Plant Operations activities.

6. Inmate Workers time Log

The CDC 1697 is not properly maintained. The Audits Branch noted the following deficiencies in the Warden's Office, Plant Operations, IST, Library, EOP, and PIA:

- Employees sign inmates' timesheets regardless of whether the employees or the inmates were present for work (i.e., employee on regular days off, holiday, vacation, etc.)
- The top portion of the document does not always contain the supervisor's and first line supervisor's printed name and/or signature.
- Initials are used instead of full signatures in the timekeeper's signature box.
- DMS numbers are missing.
- Transfer in dates are missing.

- Exceptional time is not always explained.
- Outdated CDC 1697 documents are used.

This issue results in inaccurate recordkeeping for the inmates and possible overpayment.

CCR, Title 15, Section 3045, states in part: “The attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log...(1)Staff shall record the work or training time and absences of each inmate assigned to their supervision each day as they occur....”

DOM, Section 53130.10, Timekeeping/Reporting, states in part: “Work/training supervisors shall be responsible to record and report all work/training time and absences of inmates assigned under their supervision as outlined in this section...The Inmate Work Supervisor’s Time Log, CDCR Form 1697, shall be used to record work attendance for inmates housed within the institution...The top portion of the Work Supervisor’s Time Log must list the following information and be printed legibly in ink, preferably black.

- CDC number.
- Inmate’s Name.
- Ethnicity.
- Month.
- Year.
- Job title.
- Position number.
- Pay rate (hourly).
- Regular days off.
- Hours of assignment.
- Work/training supervisor’s name.
- Work/training supervisor’s title.
- First line supervisor’s name.
- First line supervisor’s title.

MCSP’s Inmate work\training incentive program, page 2, paragraph 5, states: “Several documents must be utilized to effectively supervise and document an inmates time. The supervisor will utilize a job description. The position number, title, pay grade, regular days off, work hours and performance expectations are listed on this document.

Timekeeping logs are considered legal documents from which sentence reduction credits for inmates are computed...Upon completion of the work month, reassignment, or notification of pending transfer, the work/training supervisor shall immediately forward the completed timekeeping log to his or her immediate supervisor who shall audit and sign the timekeeping log. Timekeeping logs that

have not been completed as outlined in this article and/or are missing information shall be returned to the work/training supervisor for completion....”

Recommendation

Ensure the CDC 1697 is completed in accordance with DOM and the CCR, Title 15.

V. TRAINING

A. Plant Operations

1. Confined Space

Documented confined Space Awareness training was not conducted for Plant Operations at MCSP within the past year per IST documentation.

This condition could result in staff not following appropriate protocol related to accessing confined spaces.

The CCR, Title 8, Article 108 5157, states in part; “(1) The employer shall provide training so that all employees whose work is regulated by this section acquire the understanding, knowledge, and skills necessary for the safe performance of the duties assigned under this section.

(2) Training shall be provided to each affected employee:

(A) Before the employee is first assigned duties under this section;

(B) Before there is a change in assigned duties;

(C) Whenever there is a change in permit space operations that presents a hazard about which an employee has not previously been trained;

(D) Whenever the employer has reason to believe either that there are deviations from the permit space entry procedures required by subsections (d)(3) or that there are inadequacies in the employee’s knowledge or use of these procedures.

(3) The training shall establish employee proficiency in the duties required by this section and shall introduce new or revised procedures, as necessary, for compliance with this section.

(4) The employer shall certify that the training required by subsections (g) (1) through (g) (3) has been accomplished. The certification shall contain each employee’s name, the signatures or initials of the trainers, and the dates of training. The certification shall be available for inspection by employees and their authorized representatives.”

DOM, Section 32010.5, states in part: “Job required training is designed to assure adequate performance in a current assignment...Employees must receive training in confined space operations at least once per year...”

Recommendation

Provide documented training and update as required to conform with the CCR.

2. Respiratory Protection

The TBRPP training for Medical staff and RPP training for Plant operations staff was not conducted for staff within the past year.

This condition may result in unawareness of current trends, policies and practices related to respiratory protection.

CCR, Title 8, Section 5144, Respiratory Protective Equipment, Subchapter 7, General Industry Safety Orders Group 16, Control of Hazardous Substances, Article 107, Dusts, Fumes, Mists, Vapors, and Gases require in part: “. . . the employer to develop and implement a written RPP with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.

e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this subsection specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.

(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

f) Fit testing. This subsection requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting face piece; the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This subsection specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.

(f(1) The employer shall ensure that employees using a tight-fitting face piece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this subsection.”

Recommendation

Conduct TBRPP training for medical staff and Respiratory Protection training for Plant Operations staff, on an annual basis, to provide assurance that employees are adequately trained.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

MULE CREEK STATE PRISON

GLOSSARY

ACFM	Assistant Correctional Food Manager
ADA	Americans with Disabilities Act
AR	Accounts Receivable
CalOSHA	California Occupational Safety Health Administration
CAP	Corrective Action Plan
CCR	California Code of Regulations
CDC 1697	Inmate Work Supervisor's Time Log
CDC 998-A	Employee Attendance Record
CDCR	California Department of Corrections and Rehabilitation
CDCR 954	Interoffice Requisitions - Local
CSC	Correctional Supervising Cook
DOM	Department Operations Manual
DMS	Daily Movement Sheet
EOP	Enhanced Out-Patient Program
GISO	General Industry Safety Orders
H&SC	Health and Safety Code
IDP	Individual Development Plan
IIPP	Injury and Illness Prevention Plan
IMU	Institutions Maintenance Unit
ISO	Institutional Safety Officer
IST	In-Service Training
IWSP	Institutional Worker Supervisor Pay
MCSP	Mule Creek State Prison
MSF	Minimum Support Facility
NFPA	National Fire Protection Association
OAC	Office of Audits and Compliance
OP	Operational Procedure
PCS	Property Control System
PIA	Prison Industry Authority
PM	Preventive Maintenance
PO	Purchase Order
POM	Plant Operations Maintenance
PPE	Personal Protective Equipment
PTM	Personnel Transactions Manual
PPM	Payroll Procedure Manual
QLFT	Qualitative Fit Test
RPA	Request for Personnel Action
RRP	Respiratory Protection Program
SAM	State Administrative Manual
SAPMS	Standard Automated Preventive Maintenance System

SCO	State Controller's Office
SLAMM	State Logistics Automated Materials Management
Std. 115	Storeroom Supply Order Form
TRACs	Trust Restitution Accounting Canteen System
TBRPP	Tuberculosis Respiratory Protection Program
WWTP	Waste Water Treatment Plant

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	WRITTEN NOTICE Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.	Facility Captain Do Not use individuals names and do Not use Acronyms.)	A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed. B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense	2/2/2006

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Review
MULE CREEK STATE PRISON

April 27, 2009 through May 8, 2009

INFORMATION SECURITY OFFICER
Allen J. Pugnier

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

The Office of Audits and Compliance's Information Security Branch (ISB) conducted an Information Security Compliance Review of Mule Creek State Prison during the period of May 11 through May 13, 2009. The review covered 18 different areas. Mule Creek State Prison was fully compliant in 9 areas, partially compliant in 6 areas, and noncompliant in 3 areas. The overall score is 80 percent. The chart below details these outcomes. Other observations, found at the end of this report, are also noted.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Non Compliant
STAFF COMPUTING ENVIRONMENT					
1.	Computing Technology Use Agreement (CDC 1857) is on file.	86%		P	
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	73%		P	
3.	Information Security Training is current.	71%		P	
4.	Staff can log on using their own password.	100%	C		
5.	Network access authorization is on file.	100%	C		
6.	Physical locations of CPUs agree to inventory records.	91%	C		
7.	Staff CPUs labeled "No Inmate Access."	78%		P	
8.	Staff monitors are not visible to inmates.	78%		P	
9.	Anti virus updates are current.	52%			N
10.	Security patches are current.	57%			N

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agrees with inventory records.	96%	C		
12.	CPU labeled as an inmate computer.	96%	C		
13.	Anti virus updates are current.	0%			N
14.	Inmate monitors are visible to supervisor.	96%	C		
15.	Portable media is controlled.	92%	C		
16.	Telecommunications access is restricted.	96%	C		
17.	Operating system access is restricted.	96%	C		
18.	Printer access is restricted.	88%		P	

Test Totals	9	6	3
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Overall Percentage 80%^[1]

[1] Scores for computer-related tests reflect the results of testing on the locatable sample computers only. The Institution has not maintained an accurate Information Technology (IT) inventory. Of the 83 computers ISB attempted to locate using the local inventory, there are six computers still missing (five staff computers and one inmate computer).

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the Facility or of the Department.
- Provide information security training for management and staff.

The ISB did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, IT staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Tests selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, procedures, related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the IT support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to Mule Creek State Prison's IT staff. It contains audit criteria and a detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following ISB's fieldwork. Please contact ISB if you would like to discuss further, any of these issues.

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

1. The Computing Technology Use Agreements (CDC 1857) are not on file for all computer users. (86 percent Compliance)

Recommendation: Require all staff users to complete the CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use California Department of Corrections and Rehabilitation's computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access.
(DOM, Sections 48010.8 and 48010.8.2.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

2. The Security Awareness Self-Certification and Confidentiality Agreement form is not on file for all computer users. (73 percent Compliance)

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent.
(DOM, Section 49020.10.1.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

3. Information Security training is not current for all computer users. (71 percent Compliance)

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training.
(DOM, Section 49020.14.1 and 41030.1.)

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site.
<http://intranet/PED/Information-Security/>

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

4. The physical locations of staff computers do not agree to inventory records. (91 percent Compliance)

Recommendation: Although the score for this item is in the compliant range, the five un-locatable staff computers must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

Property Tag Number	Computer Make/Model
11713	HP COMPAQ DC7800
11172	HP DC7800CMT
07224	HP D530C
07610	HP D530C
08943	HP DC5100

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

5. Staff monitors and computers are not correctly labeled "No Inmate Access." (78 percent Compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized.
(Title 15, Section 3041.3(d); DOM, Sections 49020.18.3 and 42020.6; ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

6. Staff monitors are not visible to inmates. (78 percent Compliance)

Recommendation: Reposition staff monitors or use privacy screens to shield monitors from inmate view. (DOM, Sections 47040.3 and 49010.1.)

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

- 7. Staff computers do not have up-to-date antivirus software.
(54 percent Compliance)**

Recommendation: Update antivirus software on all staff computers.
(DOM, Section 48010.9.)

- 8. Staff computers do not have up-to-date security patches.
(57 percent Compliance)**

Recommendation: Update security patches on all staff computers.
(DOM, Section 48010.9.)

- 9. The physical locations of inmate computers do not agree with inventory records. (96 percent Compliance)**

Recommendation: Although the score for this item is in the compliant range, the one un-locatable [inmate computer](#) must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The un-locatable computer is shown below.

Property Tag Number	Computer Make/Model
07949	GATEWAY 2000

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

- 10. Inmate accessed computers do not have up-to-date antivirus software.
(0 percent compliance)**

Recommendation: Update antivirus software on all inmate computers.
(DOM, Section 48010.9.)

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

- 11. All inmate accessible printers must have restricted access.
(81 percent compliance)**

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed by staff, and appropriate distribution of such output shall be closely monitored. (DOM, Section 49020.18.3.)

**Information Security Compliance Review
Mule Creek State Prison
May 11-13, 2009**

OTHER OBSERVATIONS:

Observation 1: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM, Section 48010.9.3.)

Observation 2: The cabinet doors to three law library kiosks were found unlocked.

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. (DOM, Section 49020.18.3.)

Observation 3: No clerical assistance for the IT support function.

Best Practice: Clerical could perform non-technical tasks such as maintain the IT equipment and license inventory; prepare and process procurement documents; enter data into work order systems, etc. Redirecting these non-technical tasks to clerical staff would allow technical staff to devote more time to technical duties. Overall, this would result in better utilization of resources.

Observation 4: There is no Information Security Coordinator (ISC) at the Institution.

Recommendation: Notify the ISC in writing of the assignment and maintain a historical record of all ISC appointees. (DOM, Section 49020.6.)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

EDUCATION
COMPLIANCE

MULE CREEK STATE PRISON

APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

EXECUTIVE SUMMARY
OFFICE OF AUDITS AND COMPLIANCE
EDUCATION COMPLIANCE BRANCH REVIEW

Mule Creek State Prison

May 4-8, 2009

TEAM MEMBERS:

Raul Romero, Associate Superintendent, OAC
G. Lynn Hada, Principal, OAC
Beverly Penland, Vocational Vice-Principal, OAC
Valarie Anderson, Academic Vice-Principal, OAC
Jan Stuter, Principal Librarian, OCE
Ron Callison, Vocational Vice-Principal, OCE-VTEA
Mark Lechich, Academic Vice-Principal, OCE-WIA

244 Areas Reviewed

CATEGORIES	PERCENTAGE OF COMPLIANCE	PERCENT COMPLIANCE Jan. 28-Feb. 1, 2008
Education Administration	37 ÷ 61 = 61%	69%
Academic Education	18 ÷ 61 = 30%	47%
Vocational Education	30 ÷ 39 = 77%	80%
Library/Law Library	18 ÷ 29 = 62%	59%
Federal Programs	49 ÷ 54 = 89%	90%
Special Programs*	N/A %	N/A
Total:	151 ÷ 244 = 62%	69%

Your corrective action plan (CAP) must address each of the deficiencies listed below for each category with a score in the table above. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

I. EDUCATION ADMINISTRATION:

61% COMPLIANCE

Deficiency:

#2 Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end? There is no spending plan in place for Budget Change #1 yet.

#3 Are funds allocated by Office of Correctional Education available and spent within program areas? Recently funds became available but have not been spent yet.

#7 Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies? The February 2009 memo was not known by the principal.

#8 Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis? The March 2009 Education Monthly Report has the Artist Facilitator and Enhanced Outpatient Program teacher data incorrectly reported.

#14 Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? The Operational Procedure does not make any reference to the Department Operations Manual at all.

#16 Are all staff appropriately working and/or assigned within the education program? Some teachers are teaching an unauthorized modified program where some students are only in the classroom one-half a day and the remainder of the day are not in any program including not in an independent study type of program.

#27 Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure? There are no Education/Independent Study (half-time) or Independent Study programs as required by MCSP's Alternative Education Delivery Model Operational Procedure. (Repeated from Jan. 2008)

#28 Are all Alternative Education Delivery Model positions filled? There are no Education/Independent Study (half-time) or Independent Study programs as required by MCSP's Alternative Education Delivery Model Operational Procedure. (Repeated from Jan. 2008)

#30 Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines? Only college students are enrolled in the Distance Learning program. (Repeated from Jan. 2008)

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#31 Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? Because only college students are enrolled, the program-wide quotas are not met. Alternative Education Delivery Model schedules are not posted. (Repeated from Jan. 2008)

#34 Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the completion certification is earned? Many academic teachers do not seem to understand the proper issuance of Certificates of Achievement. Vocational teachers are properly issuing certificates. It is recommended that the memorandum regarding proper use of Certificates of Achievement be distributed to all academic teachers.

#38 Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed? One annual performance evaluation was not current. (Repeated from Jan. 2008)

#40 Are TLN quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10? No reports have been submitted.

#41 Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card and implementing remedial changes? The principal did not have the latest SPARC. The teachers did not know about the SPARC or about remedial changes. (Repeated from Jan. 2008)

#45 Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner? Is there a leadership team in place and do minutes substantiate regular meetings? The last leadership team meeting was November 2008. (Repeated from Jan. 2008)

#46 Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? The Distance Learning program does not meet the class quota because only college students are enrolled. (Repeated from Jan. 2008)

#53 Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?
No Academic Vice-Principal is assigned as Literacy Coordinator or Transforming Lives Network Coordinator.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#54 Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education? The Transforming Lives Network program has no enrollees and no numbers are being reported to Office of Correctional Education.

#55 Has Transforming Lives Network enrollment and completion data been tracked? No Transforming Lives Network enrollment data has been tracked.

#58 Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? All credits are not recorded, only High School credits are recorded on the California Department of Corrections and Rehabilitation Form 154 or other school transcript. There were a few California Department of Corrections and Rehabilitation Form 128Es that had not been initialed by a supervisor.

#62 Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal? There has not been a Site Literacy Committee at MCSP for several years. (Repeated from Jan. 2008)

#63 Does the Site Literacy Committee discuss the Bridging Program as part of its quarterly meetings? There has not been a Site Literacy Committee at MCSP for several years.

#74 Is there an Recidivism Reduction Strategy expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategy Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategy equipment maintained and current? The expenditures are not tracked. (Repeated from Jan. 2008)

#75 Are all Enhanced Outpatient Program (EOP) staff hired and in place? There has not been a Recidivism Reduction Strategies Enhanced Outpatient Program teacher for several months. (Repeated from Jan. 2008)

ACADEMIC EDUCATION SECTION

II. ACADEMIC EDUCATION:

30% COMPLIANCE

Deficiency:

#1 Are all of the inmate students' job descriptions accurate, complete, signed, and available? The majority of the teachers have student job descriptions in their education folders. A teacher on Facility "A" was in the process of refilling all the student folders. (Repeated from Jan. 2008)

#4 Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current? A few teachers are in the process of converting to the new system. One teacher does not have the Office of Correctional Education approved curriculum and supporting materials, consequently he uses the old competency-based recording system and materials. (Repeated from Jan. 2008)

#5 Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes? The inmates on the minimum yard are released 45 minutes early almost daily.

#6 Are Certificates of Completion or Achievement being issued to those students earning them? Certificates of Achievement are not issued upon exit for inmates as per memorandum from the Office of Correctional Education. Most teachers issue Certificates of Completion at the appropriate times.

#7 Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum? Most teachers have daily lesson plans. One teacher had no lesson plans or schedules. Daily schedules did not have reference to the California Department of Corrections and Rehabilitation approved curriculum. A few teachers do not have the California Department of Corrections and Rehabilitation approved curriculum materials. (Repeated from Jan. 2008)

#8 Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? Not all teachers are issuing credits in the academic subjects. Required and/or elective credit is being recorded on the transcripts for the High School diploma program. (Repeated from Jan. 2008)

#9 Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum? One teacher does not have any of the Office of Correctional Education approved curriculum texts or materials and does not have or use the approved course outlines. One teacher is unable to use the high school textbooks due to unavailability of the teacher's edition for the textbooks. Repeated attempts by the high school coordinator to receive purchase approval for the teacher's editions have been denied. (Repeated from Jan. 2008)

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#14 Are gain/loss reports (School Profile Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the teachers? **The Testing Coordinator does not have access to the intranet, nor an email account. The School Progress Assessment Report Card is sent to the Principal. The Principal has not given the School Progress Assessment Report Card report to the testing coordinator for the previous quarter. (Repeated from Jan. 2008)**

#15 Does the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account? **The Testing Coordinator does not have an email address and/or user account. The Testing Coordinator or the Office Assistant goes to the Associate Information Systems Analyst office each Monday and downloads the Test of Adult Basic Education database on three floppy disks. Neither the Testing Coordinator nor the Office Assistant has a thumb/travel drive. (Repeated from Jan. 2008)**

#17 Are Test of Adult Basic Education testing protocols signed by current staff? **The Testing Protocols sheet was not in the Test of Adult Basic Education Skills binder located in the Testing Office.**

18 Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)? **The Test of Adult Basic Education testing materials is secured in a locked cabinet, in a locked office but is missing the security bars as required by the testing protocols. No exemption was found from the Office of Correctional Education.**

#19 Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator? **There is no computerized master inventory of Test of Adult Basic Education test booklets and answer sheets. The existing hard copy inventory does not include answer sheets nor does it include the extra books that are boxed and not in use.**

#20 Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions? **The Test of Adult Basic Education binder is missing several current memos.**

#21 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **A recent mass Test of Adult Basic Education was given to the institutional population without a reading score. The locator was not used to determine the level-appropriate Test of Adult Basic Education test. As a result all inmates were given the "D" level test which is inappropriate.**

#22 Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? **Most teachers state that their students are being tested within ten days of being assigned. Most of the teachers are not administering the pre-test to their assigned students. The Distance Learning Teacher and the Pre-Release teacher do the majority of the Test of Adult Basic Education pre-testing for the classroom teachers. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#28 Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? **Open Line schedules are not posted in public areas.**

#29 Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments? **The Distance Learning teacher offers college programs. There are no plans to develop a Distance Learning Study channel. They are working on a plan to broadcast college related programming.**

#30 Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing the Transforming Lives Network and airing educational programs such as the Kentucky Educational TV General Education Development series on a weekly basis? **The Television Specialist does not work with the Distance Learning teacher on any Transforming Lives Network programming.**

#31 Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? **The Distance Learning teacher is not issuing certificates of achievement in the Alternative Education Delivery Model program.**

#32 Do all of the Education/Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? **There is no Education/Independent Study (half-time) program as required by the MCSP Alternative Education Delivery Model Operational Procedure. (Repeated from Jan. 2008)**

#34 Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? **The Distance Learning teacher offers only college programs. There are no current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum. (Repeated from Jan. 2008)**

#35 Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? **There is no Independent Study program as required by the MCSP Alternative Education Delivery Model Operational Procedure. (Repeated from Jan. 2008)**

#36 Are teachers testing inmates within 10 days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? **The Distance Learning teacher does not use an Alternative Education Delivery model program. The Distance Learning teacher offers college programs. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#37 Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? **The Distance Learning Teacher has a list of Inmates that he supervises. The list is not dated, does not indicate the Inmates' program, does not list entry or exit dates, and does not list testing of any kind. (Repeated from Jan. 2008)**

#38 Are students' gains being recorded and tracked? **Student's gains are not tracked according to the California Department of Corrections and Rehabilitation achievement requirements.**

#49 Are personal alarms issued to teachers, and do they wear alarms? **One teacher had their Identification card in a locker. Another staff member had their whistle in their briefcase and their personal alarm sitting on their desk. No alarms are issued to education staff on the minimum facility.**

#51 Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; DMV Practice Test; and Parole Services? **There is no full time Pre Release class. The Pre Release teacher teaches portions of the curriculum by inmate request. (Repeated from Jan. 2008)**

#52 Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation? **The Pre Release teacher does not have an assigned class. The Pre Release teacher teaches selected portions of the curriculum by inmate request. (Repeated from Jan. 2008)**

#54 Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained? **There is no assigned Pre-Release class. (Repeated from Jan. 2008)**

#55 Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs? **The Pre-Release teacher teaches selected portions of the curriculum by inmate request.**

#56 Is the Pre-Release class a full-time program (4 days/8.5, 5 days 6.5 hours)? If no, is there an exemption on file? **There is no assigned Pre Release class. (Repeated from Jan. 2008)**

#57 Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment? **There is no assigned Pre-Release class. (Repeated from Jan. 2008)**

#60 Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings? **There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#61 Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services? **There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008. (Repeated from Jan. 2008)**

#62 Is the required student assessment for development of the Individualized Treatment Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines? **There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008. (Repeated from Jan. 2008)**

#63 Is there documentation of the education services provided to Enhanced Outpatient Program inmates? **There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008. (Repeated from Jan. 2008)**

#64 Are alternate modalities available for use within the housing units for the distant learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.? **Currently the Transforming Lives Network runs the broadcast as it is received through the institutional television on a direct feed.**

#65 Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? **The Media Specialist does not archive copies to collect for a re-broadcast and/or create an institutional media library. He does record a specific section upon teacher request and provides the teacher with a VHS tape of the requested broadcast.**

#69 Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies? **The Men's Advisory Committee picks the movies. The Department of Operations Manual approved regulation for movie selection is not followed. (Repeated from Jan. 2008)**

#70 Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities? **The Physical Education teacher does not offer any health education classes. (Repeated from Jan. 2008)**

#72 Are health education, physical fitness training and recreational activities being provided to the Special Needs populations? **The Physical Education teacher does not offer any services to the Special Needs population. If a request for health education is received, the inmate is referred to the library. (Repeated from Jan. 2008)**

#76 Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)? **The Physical Education teacher does not teach any health education classes. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#77 Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for population **The funds have not been expended.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
VOCATIONAL EDUCATION SECTION

III. VOCATIONAL EDUCATION:

77% COMPLIANCE

Deficiency:

#6 Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript? **No elective credits are issued to students in vocational programs. (Repeated from Jan. 2008)**

#8 Are Certificates of Completion or Achievement being issued and recorded for those students earning them? **Most of the teachers were unsure as to when the Certificate of Achievement is issued. All of the teachers understood when to issue the student the Certificate of Completion. (Repeated from Jan. 2008)**

#9 Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum? **One teacher did not have a course outline for his program. All the other teachers had a course outline. Several of the course outlines were very informative, with regard to the program, program requirements and the certification/s that could be earned. (Repeated from Jan. 2008)**

#13 Are all of the vocational programs that have a nationally recognized certification programs participating in that program? **The Office Services Teacher has been waiting for two years to be trained to certify her students in Microsoft Office. The Office of Correctional Education has indicated funding issues must be resolved before training can proceed. (Repeated from Jan. 2008)**

#17 Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades? **The Welding Program does not have gas for the equipment used to weld the training and community projects.**

#21 Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand? **One of the programs does not have the National Center for Construction Education and Research test generator for the required testing. The Associate Information Systems Analyst has been contacted but the installation has not occurred. Additionally, the teachers are not allowed to have or have installed the teacher edition CD-ROM that comes with the approved program textbooks. The CD-ROM contains testing, handouts, work sheets and teacher instructional material.**

#28 Are teachers testing within three days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? **The teachers do not administer the initial Test of Adult Basic Education test and the testing does not always occur within the ten day test requirement. The initial Test of Adult Basic Education test is administered by two academic teachers. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
VOCATIONAL EDUCATION SECTION

#36 Are personal alarms issued by institution to instructors, and do they wear the alarms? **No alarms are issued to the teachers on the minimum yard. The teacher did have a whistle All the other vocational teachers had their alarm and whistle on their person.**

#37 Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan? **Only one classroom did not have an evacuation plan posted. All the other programs had evacuation plans posted. All the classrooms/shops have an exit sign.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

IV. LIBRARY/LAW LIBRARY:

62% COMPLIANCE

Deficiency:

#4 *Is there documentation of GP inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use, and is there a list showing inmates who request legal access, and those who received access?* **The "walk in" service process does not include maintaining a list for those who want legal access but can't get in. Those inmates should have a written procedure allowing them to request an interview through their floor officer. It is recommended that immediate corrective action be taken.**

#8 *Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?* **Library Technical Assistant staff is not aware of the Inmate Welfare Fund and how to get funds from it. The Library Technical Assistant staff need Inmate Welfare Fund process training.**

#12 *Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?* **The Senior Librarian, Library Technical Assistants and supervisory staff need training in this area.**

(Repeated from Jan. 2008)

#14 *Does each library in the institution have a current world almanac, an atlas that is no more than three (3) years old, an English language dictionary that is no more than five (5) years old, and a Spanish and English dictionary that is no more than ten (10) years old?* **None of the libraries have the 2009 almanac. They do have up-to-date dictionaries. The Atlas coverage is spotty. It is recommended that library purchases be made to meet the necessary requirements. (Repeated from Jan. 2008)**

#16 *Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials?* **The Libraries do not have any of the academic and vocational textbooks used in the academic and vocational classes. There are General Educational Development material available as well as other textbooks but not the required selection. All have libraries have literacy collections and multi-ethnic collections that meet the type and quantity requirements. (Repeated from Jan. 2008)**

#17 *Are book collections designed to meet the needs and interests of the inmate population served? Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box?* **The book collections are not designed to meet the needs and interests of the inmate population served. It is recommended that a review of the needs be conducted and an appropriate collection be designed to meet the needs of the inmate population. The Office of Correctional Education Principal Librarian can be contacted for support and guidance in this matter. Staff communicates often with inmates but not formally. Libraries do maintain suggestion boxes. (Repeated from Jan. 2008)**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

#19 Have all books purchased through the Recidivism Reduction Strategy funds been received, shelved, and inmate use tracked? The inmate book use is no longer tracked. The Library Technical Assistants mistakenly thought this was no longer an Office of Correctional Education requirement.

#20 Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? There is an outstanding access system currently in place at all libraries. However, there is no formal procedure for getting books not available in the existing collection.

#23 Are American Disabilities Act mandatory postings present in the library? The American Disability Act mandatory postings are not present in the A Yard library. There are wall posters in the D Yard library. It is recommended that posters be placed on display at the A Yard library as soon as possible.

#24 Is a procedure for accessing the Circulating Law Library in place? Staff are not aware that a procedure for accessing the Circulating Law Library is required. They will need further training from the Office of Correctional Education Principal Librarian.

#28 Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? Do inmate clerks receive training on a regular basis in law library and general library processes? Regular law library and general library procedures training records are not maintained. The records of documented, required institutional and internal health and safety training are maintained. (Repeated from Jan. 2008)

EXECUTIVE SUMMARY
Office of Audits and Compliance **Educational Compliance Branch**
FEDERAL GRANT PROGRAMS SECTION

V. FEDERAL PROGRAMS:

89% COMPLIANCE

Workforce Investment Act Program:

Deficiency:

#27 Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list. **Ms. Wohlers has been unable to attend Literacy Learning Lab trainings because substitute teachers are not available.**

#36 Is the teacher using the latest version of the TOPSpro Management Information System software? **MCSP is running TOPSpro 4.6 Build 69. They need TOPSpro 5.0 Build 44.**

#37 Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained? **The computer needs updating. Also old version of TOPSpro on computer must be updated. The scanner works well.**

#42 Can you generate a Data Integrity site review? **Data Integrity Report is used for assisting Coordinator to locate errors in the data. Old version of TOPSpro does reflect new accounting of Data Integrity Report.**

Vocational Technical Education Act Program:

Deficiency:

#11 As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field? **The teachers are experiencing difficulty in getting approval from the Associate Information Systems Analyst in regards to new technology for their programs.**

#12 As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field? **Due to current contract and class requirement the teachers have not been allowed to attend training, workshops, or seminars to upgrade their skills, renew/acquire industry re/certification, and review new technology for industry.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

IV. SPECIAL PROGRAMS*:	N/A	COMPLIANCE
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OVERALL COMPLIANCE RATING: 62%.

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

G. Lynn Hada, Principal

May 7, 2009

Raul Romero, Associate Superintendent

May 7, 2009

* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

Note: Many of the repeated deficiencies in the Physical Education/Recreation area was due to MCSP not having a Physical Education (PE) Teacher last year and a new PE Teacher this year.

DEPARTMENT OF CORRECTIONS AND REHABILITATION



Education Compliance Branch

COMPLIANCE REVIEW FINDINGS

Mule Creek State Prison

May 4-8, 2009

ADMINISTRATION

G. Lynn Hada

ACADEMIC EDUCATION

Valarie Anderson, Raul Romero

VOCATIONAL EDUCATION

Beverly Penland

LIBRARY

Jan Stuter

FEDERAL SUPPLEMENTARY PROGRAMS

Mark Lechich, Ron Callison

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

No.	INSTITUTION: Mule Creek State Prison (MCSP) DATE: May 4-8, 2009 COMPLIANCE TEAM: G. Lynn Hada	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Allotments/Operating Expenses:</div> <ul style="list-style-type: none"> Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? 	Yes	
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	No	There is no spending plan in place for Budget Change #1 yet.
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	No	Recently funds became available but have not been spent yet.
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	
5.	Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

6.	Are law library purchases funded by the institution's general budget?	N/A	This item is no longer applicable to the institution. It has been moved to a higher level. The following statement indicates that Office of Correctional Education is attempting to get the Law Library designated funds moved to Program 45 and the California Department of Corrections and Rehabilitation Agency Secretary has been briefed on the problem. The Office of Correctional Education Superintendent on July 3, 2008 provided the following written statement and Budget Change Letter #3 spreadsheet via an email; <i>"Here is the distribution to the field for funding for both the 06/07 and 07/08 Gilmore collection. We have already processed the 08/09 purchases out of our office and they are currently in Procurement. As the 08/09 budget has not been signed we don't have initial 08/09 allotment to the field. The funding in this BC3 is from Program 45 — not the institution Program 25 funds. The Financial Information Memorandum permanently moving Library to education in 2006 is still valid. Due to lack of designated funds we have flagged this to Office of Attorney General and Office of Court Compliance. Furthermore we've briefed Matt Cate and have written a proposal for the funding."</i>
7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated February 2009 instructions when filling vacancies?	No	The February 2009 memo was not known by the principal.
8.	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis?	No	The March 2009 Education Monthly Report has the Artist Facilitator and Enhanced Outpatient Program teacher data incorrectly reported.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist?	Yes	
10.	<div style="border: 1px solid black; padding: 2px;">Credentials:</div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	Yes	
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	Yes	
12.	<div style="border: 1px solid black; padding: 2px;">Duty Statements:</div> Are 100% of the staff duty statements on file and applicable to current position?	Yes	
13.	<div style="border: 1px solid black; padding: 2px;">Operational Procedures:</div> Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?	Yes	
14.	Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?	No	The Operational Procedure does not make any reference to the Department Operations Manual at all.
15.	<div style="border: 1px solid black; padding: 2px;">Staff Assignments:</div> Does the Principal maintain a current and complete list of all authorized positions and their status?	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	No	Some teachers are teaching an unauthorized modified program where some students are only in the classroom one-half a day and the remainder of the day are not in any program including not in an independent study type of program.
17.	Do all staff within the education program report to, and are under the Principal's supervision?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	Yes	
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	N/A	
20.	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	N/A	
21.	Has the Artist Facilitator been officially assigned to the Education Department?	Yes	
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	Yes	
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	A Plant Operations electronics technician.
24.	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented?	Yes	
25.	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Alternative Education Delivery Model:</div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	Yes	
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?	No	There are no Education/Independent Study (half-time) or Independent Study programs as required by MCSP's Alternative Education Delivery Model Operational Procedure.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

28.	Are all Alternative Education Delivery Model positions filled?	No	There are no Education/Independent Study (half-time) or Independent Study programs as required by MCSP's Alternative Education Delivery Model Operational Procedure.
29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	Yes	But the Distance Learning teacher does not follow his Duty Statement.
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	No	Only college students are enrolled in the Distance Learning program.
31.	<ul style="list-style-type: none"> Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? 	No	Because only college students are enrolled, the program-wide quotas are not met. Alternative Education Delivery Model schedules are not posted.
32.	Gender Responsive Strategies: Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	
34.	Certificates of Completion or Achievement: <ul style="list-style-type: none"> Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? 	No	Many academic teachers do not seem to understand the proper issuance of Certificates of Achievement. Vocational teachers are properly issuing certificates. It is recommended that the memorandum regarding proper use of Certificates of Achievement be distributed to all academic teachers.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

	Executive/Supervisory Assignments:	Yes	
35.	Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)		
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	Yes	
38.	<ul style="list-style-type: none"> Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training? Are all probationary and annual performance evaluations currently due completed? 	No	One annual performance evaluation was not current.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	Yes	
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	No	No reports have been submitted.
41.	Test of Adult Basic Education: <ul style="list-style-type: none"> Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)? Is the principal implementing remedial changes to improve the scores? 	No	The principal did not have the latest SPARC. The teachers did not know about the SPARC or about remedial changes.
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

44.	Accreditation: Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?	Yes	
45.	<ul style="list-style-type: none"> Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner? Is there a leadership team in place and do minutes substantiate regular meetings? 	No	The last leadership team meeting was November 2008.
46.	Inmate Enrollment/Attendance: Do Academic, Vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?	No	The Distance Learning program does not meet the class quota because only college students are enrolled.
47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	Yes	
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	Yes	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	Yes	
50.	Bridging Program: Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?	Yes	
51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	Yes	
52.	Transforming Lives Network (TLN): Has the Transforming Lives Network satellite dish been installed and operational?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

53.	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	No	No Academic Vice-Principal is assigned as Literacy Coordinator.
54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	No	The Transforming Lives Network program has no enrollees and no numbers are being reported to Office of Correctional Education.
55.	Has Transforming Lives Network enrollment and completion data been tracked?	No	No Transforming Lives Network enrollment data has been tracked.
56.	<div style="border: 1px solid black; padding: 2px;">General Educational Development Testing/High School Credit:</div> <ul style="list-style-type: none"> Is there a High School credit program and General Educational Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Educational Development Equivalency Certificates issued to qualified inmates? 	Yes	
57.	<div style="border: 1px solid black; padding: 2px;">Inmate Education Advisory Committee:</div> <p>Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?</p>	Yes	
58.	<div style="border: 1px solid black; padding: 2px;">Education Files</div> <ul style="list-style-type: none"> Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? 	No	All credits are not recorded, only High School credits are recorded on the California Department of Corrections and Rehabilitation Form 154 or other school transcript. There were a few California Department of Corrections and Rehabilitation Form 128Es that had not been initialed by a supervisor.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

	<ul style="list-style-type: none"> • Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? • Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? • Are Education Files prepared for all assigned inmates? • Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution? 	Yes	
60.	If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training?	N/A	
61.	<div style="border: 1px solid black; padding: 2px;">Literacy:</div> Are literacy programs available to at least 60% of the eligible prison population?	Yes	Fifty-three percent of literacy-eligible inmates participate in literacy programs and there are many other literacy resources available to other inmates, such as literacy programs on TV, etc.
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	No	There has not been a Site Literacy Committee at MCSP for several years.
63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	No	There has not been a Site Literacy Committee at MCSP for several years.
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	Yes	
65.	Is there an established procedure for placing students into any existing Literacy Learning Lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

66.	Developmental Disability Program and Disability Placement Program: If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?	N/A	
67.	ESTELLE/Behavior Modification Programs: Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?	N/A	
68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	
69.	Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment: Is there an approved COMPAS Risk and Needs Assessment Operational Procedure (OP)?	N/A	
70.	Are all Recidivism Reduction Strategies Assessment positions filled (part of COMPAS)?	N/A	
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the COMPAS Risk and Needs Assessment Program?	N/A	
72.	Do all designated assessment staff have an individual COMPAS log-on code? Is the security of the code maintained?	N/A	
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the COMPAS Risk and Needs Assessment Program?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

74.	Recidivism Reduction Strategies: <ul style="list-style-type: none"> Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategies equipment maintained and current? 	No	The expenditures are not tracked.
75.	Recidivism Reduction Strategies Enhanced Outpatient Program: Are all Enhanced Outpatient Program staff hired and in place?	No	There has not been a Recidivism Reduction Strategies Enhanced Outpatient Program teacher for several months.
76.	Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	
77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	
78.	Multi-Agency Re-entry Program (SB 618): Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?	N/A	
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	
81.	Vocational-Recidivism Reduction Strategies Are all original vocational Recidivism Reduction Strategies teacher positions filled and are all classrooms operating?	N/A	
82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

NO.	INSTITUTION: MCSP DATE: May 4-8, 2009 COMPLIANCE TEAM: Valarie Anderson, Raul Romero	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Student Job Descriptions:</div> <p>Are all of the inmate students' job descriptions accurate, complete, signed, and available?</p>	No	The majority of the teachers have student job descriptions in their education folders. A teacher on Facility "A" was in the process of refilling all the student folders.
2.	<div style="border: 1px solid black; padding: 2px;">Student Records/Achievements:</div> <p>Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?</p>	Yes	
3.	<p>Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?</p>	Yes	One teacher used the year 2008 instead of 2009 for all of the California Department of Corrections and Rehabilitation Form 128E quarterly progress reports in March 2009.
4.	<p>Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?</p>	No	A few teachers are in the process of converting to the new system. One teacher does not have the Office of Correctional Education approved curriculum and supporting materials, consequently he uses the old competency-based recording system and materials.
5.	<p>Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?</p>	No	The inmates on the minimum yard are released 45 minutes early almost daily.
6.	<p>Are Certificates of Completion or Achievement being issued to those students earning them?</p>	No	Certificates of Achievement are not issued upon exit for inmates as per memorandum from the Office of Correctional Education. Most teachers issue Certificates of Completion at the appropriate times.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

7.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Instructional Expectations:</div> <p>Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	No	<p>Most teachers have daily lesson plans. One teacher had no lesson plans or schedules. Daily schedules did not have reference to the California Department of Corrections and Rehabilitation approved curriculum. A few teachers do not have the California Department of Corrections and Rehabilitation approved curriculum materials.</p>
8.	<p>Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?</p>	No	<p>Not all teachers are issuing credits in the academic subjects. Required and/or elective credit is being recorded on the transcripts for the High School diploma program.</p>
9.	<p>Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	No	<p>One teacher does not have any of the Office of Correctional Education approved curriculum texts or materials and does not have or use the approved course outlines. One teacher is unable to use the high school textbooks due to unavailability of the teacher's edition for the textbooks. Repeated attempts by the high school coordinator to receive purchase approval for the teacher's editions have been denied.</p>
10.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Bridging Education Program Instructional Expectations:</div> <p>Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher have a copy of the curriculum?</p>	N/A	
11.	<p>Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?</p>	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

12.	Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) and is it up to date and accurate?	N/A	
13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	N/A	
14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Test of Adult Basic Education Testing Coordinator: </div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	No	The Testing Coordinator does not have access to the intranet, nor an email account. The School Progress Assessment Report Card is sent to the Principal. The Principal has not given the School Progress Assessment Report Card report to the testing coordinator for the previous quarter.
15.	Do the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	No	The Testing Coordinator does not have an email address and/or user account. The Testing Coordinator or the Office Assistant goes to the Associate Information Systems Analyst office each Monday and downloads the Test of Adult Basic Education database on three floppy disks. Neither the Testing Coordinator nor the Office Assistant has a thumb/travel drive.
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	Yes	
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	No	The Testing Protocols sheet was not in the Test of Adult Basic Education Skills binder located in the Testing Office.
18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	No	The Test of Adult Basic Education testing materials is secured in a locked cabinet, in a locked office but is missing the security bars as required by the testing protocols. No exemption was found from the Office of Correctional Education.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	No	There is no computerized master inventory of Test of Adult Basic Education test booklets and answer sheets. The existing hard copy inventory does not include answer sheets nor does it include the extra books that are boxed and not in use.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	No	The Test of Adult Basic Education binder is missing several current memos.
21.	Is the Test of Adult Basic Education locator test being used by the testing coordinator, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	No	A recent mass Test of Adult Basic Education was given to the institutional population without a reading score. The locator was not used to determine the level-appropriate Test of Adult Basic Education test. As a result all inmates were given the "D" level test which is inappropriate.
22.	<div style="border: 1px solid black; padding: 2px;">Teacher-Test of Adult Basic Education Testing</div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	No	Most teachers state that their students are being tested within ten days of being assigned. Most of the teachers are not administering the pre-test to their assigned students. The Distance Learning Teacher and the Pre-Release teacher do the majority of the Test of Adult Basic Education pre-testing for the classroom teachers.
23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	
24.	Is the Test of Adult Basic Education locator being used by the teacher, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	Yes	
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	Yes	
27.	Are current Test of Adult Basic Education subtests placed in student's classroom file?	Yes	
28.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Alternative Education Delivery Models:</div> Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?	No	Open Line schedules are not posted in public areas.
29.	Is the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	No	The Distance Learning teacher offers college programs. There are no plans to develop a Distance Learning Study channel. They are working on a plan to broadcast college related programming.
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?	No	The Television Specialist does not work with the Distance Learning teacher on any Transforming Lives Network programming.
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	No	The Distance Learning teacher is not issuing certificates of achievement in the Alternative Education Delivery Model program.
32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	There is no Education/Independent Study (half-time) program as required by the MCSP Alternative Education Delivery Model Operational Procedure.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

33.	Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	N/A	There is no Education/Work Program (half-time) teacher required by the MCSP Alternative Education Delivery Model Operational Procedure.
34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Distance Learning teacher offers only college programs. There are no current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum.
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	There is no Independent Study program as required by the MCSP Alternative Education Delivery Model Operational Procedure.
36.	<ul style="list-style-type: none"> Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? 	No	The Distance Learning teacher does not use an Alternative Education Delivery model program. The Distance Learning teacher offers college programs.
37.	<ul style="list-style-type: none"> Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? 	No	The Distance Learning Teacher has a list of Inmates that he supervises. The list is not dated, does not indicate the Inmates' program, does not list entry or exit dates, and does not list testing of any kind.
38.	Are students' gains being recorded and tracked?	No	Student's gains are not tracked according to the California Department of Corrections and Rehabilitation achievement requirements.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

39.	Gender Responsive Strategies: Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM) (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?	N/A	
40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	
41.	ESTELLE and Behavior Modification Unit programs: Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?	N/A	
42.	Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?	N/A	
43.	<ul style="list-style-type: none"> Do ESTELLE students have access to computers as required in the framework of the program for training? Does the teacher have Test of Adult Basic Education scores on all of the students in the program? 	N/A	
44.	COMPAS – Risk and Needs Assessment: Are assessment teachers conducting assessments on eligible inmates as defined by the current COMPAS Operations Manual?	N/A	
45.	Does assessment staff utilize the current standardized COMPAS Tracking Form?	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

46.	Are the COMPAS questionnaires shredded daily in accordance with the confidential document procedure?	N/A	
47.	Are assessment interviews conducted in a semi-private environment?	N/A	
48.	Is appropriate assistance provided to inmates during participation in the COMPAS assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	N/A	
49.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?	No	One teacher had their Identification card in a locker. Another staff member had their whistle in their briefcase and their personal alarm sitting on their desk. No alarms are issued to education staff on the minimum facility.
50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
51.	<div style="border: 1px solid black; padding: 2px;">Pre-Release</div> Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?	No	There is no full time Pre Release class. The Pre Release teacher teaches portions of the curriculum by inmate request.
52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	No	The Pre Release teacher does not have an assigned class. The Pre Release teacher teaches selected portions of the curriculum by inmate request.
53.	Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division staff support?	Yes	A representative from Parole and Community Services Division staff support provides services to the institution.
54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	No	There is no assigned Pre-Release class.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	No	The Pre-Release teacher teaches selected portions of the curriculum by inmate request.
56.	Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file?	No	There is no assigned Pre Release class.
57.	Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?	No	There is no assigned Pre-Release class.
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	Yes	The Pre Release teacher does use the complete Framework for Breaking Barriers. Inmates are educated in and over a period of one to one a half years can finish the Framework for Breaking Barriers.
59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports?	Yes	
60.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?	No	There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008.
61.	Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services?	No	There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008.
62.	Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?	No	There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008.
63.	Is there documentation of the education services provided to Enhanced Outpatient Program inmates?	No	There is no Recidivism Reduction Strategies Enhanced Outpatient Program Teacher assigned. This position was vacated in August of 2008.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

64.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Transforming Lives Network Program:</div> <p>Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?</p>	No	Currently the Transforming Lives Network runs the broadcast as it is received through the institutional television on a direct feed.
65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	No	The Media Specialist does not archive copies to collect for a re-broadcast and/or create an institutional media library. He does record a specific section upon teacher request and provides the teacher with a VHS tape of the requested broadcast.
66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	Yes	The Media Specialist uses the Transforming Lives Network broadcast schedule with no changes.
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	Yes	The Media Specialist states a teacher wanted a particular show to be broadcast at a different time. The Media Specialist contacted the Transforming Lives Network and they altered their broadcast time to accommodate Mule Creek's request.
68.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recreation/Physical Education (P.E.):</div> <p>Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?</p>	Yes	
69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	No	The Men's Advisory Committee picks the movies. The Department of Operations Manual approved regulation for movie selection is not followed.
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	No	The Physical Education teacher does not offer any health education classes.
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	No	The Physical Education teacher does not offer any services to the Special Needs population. If a request for health education is received, the inmate is referred to the library.
73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	Yes	
74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	Yes	
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	N/A	The Physical Education teacher has no clerks assigned to work for him.
76.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies (Physical Education):</div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	No	The Physical Education teacher does not teach any health education classes.
77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	No	The funds have not been expended.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

NO.	INSTITUTION: MCSP DATE: May 4-8 2009 COMPLIANCE TEAM: Beverly Penland	Yes/No or N/A	COMMENTS
1.	Student Job Description: Are all of the inmate students' job descriptions accurate, complete, signed, and available?	Yes	
2.	Student Records/Achievements: Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?	Yes	
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is the curriculum recording system in-use, accurate, and current?	Yes	
5.	Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours X-time or 8.5 hours of X-time (on full days) for 4-10 programs?	Yes	Due to custody issues students are sometime late to class and are released early. Often students are not allowed to return after a ducat or if they have any paperwork from medical. The teachers advised they gave "S" time in these situations.
6.	Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?	No	No elective credits are issued to students in vocational programs.
7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	Yes	
8.	Are Certificates of Completion or Achievement as appropriate being issued and recorded for those students earning them?	No	Most of the teachers were unsure as to when the Certificate of Achievement is issued. All of the teachers understood when to issue the student the Certificate of Completion.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

9.	Instructional Expectations: Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?	No	One teacher did not have a course outline for his program. All the other teachers had a course outline. Several of the course outlines were very informative, with regard to the program, program requirements and the certification/s that could be earned.
10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	Yes	
12.	Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?	Yes	
13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	No	The Office Services Teacher has been waiting for two years to be trained to certify her students in Microsoft Office. The Office of Correctional Education has indicated funding issues must be resolved before training can proceed.
14.	Recidivism Reduction Strategies: Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research (NCCER) certifications?	N/A	
15.	National Center for Construction Education and Research: Are all the National Center for Construction Education and Research (NCCER) accreditation guidelines for Standardized Training being used?	Yes	
16.	Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

17.	Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?	No	The Welding Program does not have gas for the equipment used to weld the training and community projects.
18.	Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?	Yes	
19.	Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?	Yes	
20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	Yes	
21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	No	One of the programs does not have the National Center for Construction Education and Research test generator for the required testing. The Associate Information Systems Analyst has been contacted but the installation has not occurred. Additionally, the teachers are not allowed to have or have installed the teacher edition CD-ROM that comes with the approved program textbooks. The CD-ROM contains testing, handouts, work sheets and teacher instructional material.
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	Yes	
26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education within 60 days?	Yes	
27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	
28.	<div style="border: 1px solid black; padding: 2px;">Test of Adult Basic Education Testing</div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	No	The teachers do not administer the initial Test of Adult Basic Education test and the testing does not always occur within the ten day test requirement. The initial Test of Adult Basic Education test is administered by two academic teachers.
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	All the teachers were familiar with the Test of Adult Basic Education testing matrix and were following the testing matrix accordingly.
30.	Is the Test of Adult Basic Education locator being used by the instructor, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	Yes	All the teachers were familiar with the locator and its purpose. A couple of the teacher indicated that they use it.
31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	All the teachers indicated they went over the subtest results with their students and most students viewed this as a positive thing. It was recommended that the teacher and the inmates sign the subtest after the scores are reviewed.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	Yes	
33.	Are current Test of Adult Basic Education subtests placed in student's file?	Yes	
34.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?	N/A	
35.	Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	
36.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> Are personal alarms issued by the institution to instructors and do they wear a whistle and the personal alarms on their person?	No	No alarms are issued to the teachers on the minimum yard. The teacher did have a whistle. All the other vocational teachers had their alarm and whistle on their person.
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	No	Only one classroom did not have an evacuation plan posted. All the other programs had evacuation plans posted. All the classrooms/shops have an exit sign.
38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections?	Yes	Most of the teachers use a generic check off sheet. It was recommended they add safety issues and components to better reflect the safety concerns for their specific program.
39.	Is at least one hour per month of safety meetings being held and documented?	Yes	All the teachers had good records of safety meeting. It was recommended that the teacher's develop a safety binder and reference the lesson, handout, or outline of the safety topic in their documentation.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

40.	Trade Advisory Committee: Does the instructor have a documented Trade Advisory Committee that meets at least quarterly?	Yes	All the vocational teachers are very proactive in working with their Trade Advisory members. Several of the teachers were able to have a member come to the institution and others attend meetings on their own time.
41.	Job Market Analysis: Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?	Yes	All the teachers had a very comprehensive binder with all the trade's job outlooks included.
42.	Apprenticeship: Is there an active Apprenticeship Training Program?	N/A	
43.	If there is an active Apprenticeship Training Program, do inmates meet apprenticeship requirements and receive pay?	N/A	
44.	Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?	N/A	
45.	Employee and Community Services Programs. If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?	N/A	Some of the programs would like to see employee services utilized. They indicated they would like employee services to provide more hands-on projects for the inmates.
46.	If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

NO.	INSTITUTION: MCSP DATE: May 4-8, 2009 COMPLIANCE TEAM: Jan Stuter	Yes/No or N/A	COMMENTS
1.	Library Staffing: <ul style="list-style-type: none"> Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? Does the Senior Librarian implement/plan the library program? 	Yes	The Acting Principal supervises library staff. The new Senior Librarian does not report to MCSP until May 11, 2009
2.	Department Operations Manual and Department Operations Manual Supplement: <ul style="list-style-type: none"> Is the current Department Operations Manual, Section 53060 available in the main libraries and satellite libraries? Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program? 	Yes	This year's supplement just coming out. Last years supplement is available.
3.	General Population (GP) Access Hours: <ul style="list-style-type: none"> Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours? Do General Population inmates have regular access to non-legal library services? 	Yes	The library schedule covers Tuesdays through Saturdays. The Saturday schedule covers inmates who work or go to school. Library hours of operation are posted outside each library and on sheets supplied to the living units. General Population inmates can "walk in" and access legal research materials whenever space is available.
4.	General Population/Law Library Documentation: <ul style="list-style-type: none"> Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use? Is there a list showing inmates who request legal access, and those who received access? 	No	The "walk in" service process does not include maintaining a list for those who want legal access but can't get in. Those inmates should have a written procedure allowing them to request an interview through their floor officer. It is recommended that immediate corrective action be taken.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

5.	Restricted Housing Status Inmate Access: <ul style="list-style-type: none"> • If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library? • Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request? 	Yes	There is a law library and physical access available with procedures in place in the Administrative Segregation housing area.
6.	Restricted Housing Status Non-Legal Library Services: Do Restricted Housing inmates receive general library services?	Yes	Surplus books from the general population libraries are available to Restricted-Housing inmates.
7.	Library Expenditures: <ul style="list-style-type: none"> • Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees? • If other items are purchased, are they for library use? 	Yes	All library purchases approved and completed.
8.	Inmate Welfare Funds Expenditure: Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?	No	Library Technical Assistant staff is not aware of the Inmate Welfare Fund and how to get funds from it. The Library Technical Assistant staff need Inmate Welfare Fund process training
9.	Law Library Expenditure: <ul style="list-style-type: none"> • Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room? • Are the Stock Received Reports completed and submitted to the Regional Accounting Office? 	Yes	There Senior Librarian position is vacant. The Library Technical Assistants do not understand the process associated with receiving the mandated law discs/books through the warehouse or mail room. However, the warehouse completes the stock received reports and delivers material to D Yard and A Yard library for distribution to the other libraries.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

10.	<ul style="list-style-type: none"> Are all received mandated law books and discs made available to inmates in a timely manner? Are the discs timely loaded on the Law Library Electronic Data System computer? Are the law books shelved promptly? 	Yes	The Library Technical Assistants have been trained on how to load the Law Library Electronic Data System discs.
11.	<ul style="list-style-type: none"> Are law library discs checked in by the Associate Information Specialist Analyst? If not, who checks them? 	Yes	
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	No	The Senior Librarian, Library Technical Assistants and supervisory staff need training in this area.
13.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part I:</div> <ul style="list-style-type: none"> Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years?) Does the library program have at least three directories relevant to the questions asked by the population served? 	Yes	The B Yard library has all requirements up-to-date and the unabridged dictionary on order.
14.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part II:</div> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p>	No	None of the libraries have the 2009 almanac. They do have up-to-date dictionaries. The Atlas coverage is spotty. It is recommended that library purchases be made to meet the necessary requirements.
15.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part III:</div> <ul style="list-style-type: none"> Does each library regularly inspect the physical condition of their books? Does the library program have a book repair procedure? 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

16.	Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity: Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?	No	The Libraries do not have any of the academic and vocational textbooks used in the academic and vocational classes. There are General Educational Development material available as well as other textbooks but not the required selection. All have libraries have literacy collections and multi-ethnic collections that meet the type and quantity requirements.
17.	Library Book Stock - User Orientation: <ul style="list-style-type: none"> • Are book collections designed to meet the needs and interests of the inmate population served? • Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? 	No	The book collections are not designed to meet the needs and interests of the inmate population served. It is recommended that a review of the needs be conducted and an appropriate collection be designed to meet the needs of the inmate population. The Office of Correctional Education Principal Librarian can be contacted for support and guidance in this matter. Staff communicates often with inmates but not formally. Libraries do maintain suggestion boxes.
18.	Library Book Stock - Quantity: (Department Operations Manual Book Aug) <ul style="list-style-type: none"> • Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? • Does this include any new books purchased through Recidivism Reduction Strategies funding? 	Yes	The libraries exceeded the expected quantities. The number of fiction and non-fiction books in the libraries exceed the formula by 5,224 books in the fiction collection and by 84 books in the non-fiction collection
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	No	The inmate book use is no longer tracked. The Library Technical Assistants mistakenly thought this was no longer an Office of Correctional Education requirement.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

20.	Book Access: <ul style="list-style-type: none"> Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? 	No	There is an outstanding access system currently in place at all libraries. However, there is no formal procedure for getting books not available in the existing collection.
21.	Circulation: <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	There is an excellent access system that combines computerized and manual elements.
22.	Mandated Law Library/California Code of Regulations, Department Operations Manual <ul style="list-style-type: none"> Are the Gilmore v. Lynch mandated law books up to date? Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual? Are all the Law Library Electronic Data System computers up-to-date and operating in each library? 	Yes	However, while the mandated Gilmore v. Lynch collection is current, the Law Library Electronic Data System material has been late due to due to contracted delays in processing faced by the Adult Programs Support Unit.
23.	Law Library - American Disability Act (ADA): <p>Are American Disability Act mandatory postings present in the library?</p>	No	The American Disability Act mandatory postings are not present in the A Yard library. There are wall posters in the D Yard library. It is recommended that posters be placed on display at the A Yard library as soon as possible.
24.	Circulating Law Library: <p>Is a procedure for accessing the Circulating Law Library in place?</p>	No	Staff not aware that a procedure for accessing the Circulating Law Library is required. They will need further training from the Office of Correctional Education Principal Librarian.
25.	Court Deadlines: <p>Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

26.	Law Library Forms and Supplies: Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	There is access to law library forms, the list of available forms and the distribution process is outstanding. All the forms are clearly listed.
27.	General Library Forms and Supplies: Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?	Yes	The general supplies, forms, and procedures are outstanding. There are only minor differences between libraries.
28.	Inmate Clerk Training: <ul style="list-style-type: none"> Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? Do inmate clerks receive training on a regular basis in law library and general library processes? 	No	Regular law library and general library procedures training records are not maintained. The records of documented, required institutional and internal health and safety training are maintained.
29.	Security and Order: <ul style="list-style-type: none"> Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms? Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan? 	Yes	It is recommended that the A Yard library could be provided with a readable new copy of the evacuation plan. It is faded, and not as clear as the ones in other libraries.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

No.	INSTITUTION: MCSP DATE: May 4-8, 2009 COMPLIANCE TEAM: Mark Lechich	Yes/No or N/A	COMMENTS
1.	<div data-bbox="167 415 899 499" style="border: 1px solid black; padding: 2px;"> Duty Statement/Job Description/Credentials – Literacy Learning Lab </div> <p>Does the teacher have a current duty statement on file (within one year)?</p>	Yes	Ms. Wohlers is the Literacy Learning Lab teacher at MCSP.
2.	Does the teacher have a valid credential on file?	Yes	Valid credential in the Education Office.
3.	<div data-bbox="167 747 899 789" style="border: 1px solid black; padding: 2px;"> Security/Order – Literacy Learning Lab </div> <p>Are personal alarms issued by the institution to teaching staff and do they wear a whistle the personal alarms on their person?</p>	Yes	Ms. Wohlers also has a whistle.
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	Exit sign is above the door and the evacuation plans are on the side door.
5.	<div data-bbox="167 1115 899 1157" style="border: 1px solid black; padding: 2px;"> Supervisory/Support – Literacy Learning Lab </div> <p>Does the teacher receive support from your supervisor and other educational staff?</p>	Yes	Good support.
6.	Does the Vice Principal visit/observe the class? Does the Principal visit/observe the class? Does the teacher maintain a sign-in log?	Yes	Ken Spencer is acting Principal and he visits daily. Mr. Federico, retired Principal, visited occasionally.
7.	<div data-bbox="167 1570 899 1612" style="border: 1px solid black; padding: 2px;"> Inmate Enrollment – Literacy Learning Lab </div> <p>Does the teacher maintain a minimum enrollment of 27 students?</p>	Yes	
8.	Do students receive direct/group instruction?	Yes	When needed students receive direct and/or one on one instruction from Ms Wohlers.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

9.	Is the Literacy Learning Lab a “self contained” program?	Yes	Twenty-seven students assigned to the Literacy Learning Lab.
10.	<div>Student Records/Testing Achievements – Literacy Learning Lab</div> <p>Does the teacher verify non-General Education Development or non-High School graduation of the student?</p>	Yes	Teacher checks with General Education Development examiner and the Educational Office.
11.	Does the teacher start a student record file upon the student entering the Literacy Learning Lab program?	Yes	Ms. Wohlers begins the new student’s file immediately upon entering the Literacy Learning Lab.
12.	Does each student have a current Test of Adult Basic Education score? <i>If not, do you refer the student for testing?</i>	Yes	Test of Adult Basic Education and California Adult Student Assessment System scores are current.
13.	Does the teacher assess student’s basic skill level? <i>Describe</i>	Yes	Use Reading Plus for reading placement and Test of Adult Basic Education scores.
14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and secured?	Yes	All student files are current, accurate, and secured in locked cabinet in teacher’s classroom.
15.	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <i>Review</i>	Yes	All Student files are current.
16.	Is there a current Student Job Description on file?	Yes	All are signed and dated by student and teacher. Federal Grant requirement met.
17.	<div>Instructional Expectations – Literacy Learning Lab</div> <p>Does the teacher use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?</p>	Yes	Incorporated in computer software.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

18.	Are differentiated instructional methods used? Describe	Yes	One on one teacher and student peer instruction is utilized and also group instruction.
19.	Do students track their own progress?	Yes	Students receive assignment work weekly and they track their PLATO progress from the software.
20.	Do the students receive computer orientation? Is there continuous training? Describe	Yes	The teacher and/or tutor will do the orientation and on going training, if needed, with each new student.
21.	Does the teacher maintain course outlines and lesson plans? Review files	Yes	Competencies are checked off through the software by teacher and students.
22.	Does the teacher use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? Describe	Yes	California Adult Student Assessment System, Test of Adult Basic Education scores, and Reading Plus program.
23.	Do students spend an average of six months of instructional time enrolled in the program?	Yes	Students stay on the average of six months.
24.	<div>Other Services – Literacy Learning Lab</div> <p>Does the teacher refer students to other services, i.e. medical? Describe the process</p>	Yes	Teacher will contact Education Officer only if necessary.
25.	Does the teacher provide the students career-related information?	Yes	Job related activities, goal setting and other life skills such as the PLATO software.
26.	Does the teacher have student aides? If so, how many and how are they used?	Yes	They provide tutoring and clerical support for the Literacy Learning Lab.
27.	<div>Training – Literacy Learning Lab</div> <p>Has the teacher participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list.</p>	No	Ms. Wohlers has been unable to attend Literacy Learning Lab trainings because substitute teachers are not available.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

28.	Expenses – Literacy Learning Lab Are spending levels appropriate for material purchases and training to support program needs?	Yes	Ms. Wohlers is satisfied with the spending levels.
29.	Equipment – Literacy Learning Lab Does the teacher maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? Conduct an inventory	Yes	WIA Inventory is accurate and complete.
30.	Is the teacher's software appropriately maintained by PLATO's technical field staff? Does the teacher have all three educational software programs (PLATO, Reading Horizons, and Reading Plus) presently in service for your students?	Yes	All software programs are available for students. Ms. Wohlers is using new PLATO delivery system - Client-Hosted. New management system and faster delivery of software for student use.
31.	Does the teacher register all new software purchases with the Associate Information Systems Analyst?	Yes	The Supervising Information Systems Analyst is aware of all software used in Literacy Learning Lab.
32.	Committees/Meetings – Literacy Learning Lab How often does the teacher meet with the referral teacher for consultation on a student?	N/A	
33.	Comprehensive Adult Student Assessment System /TOPSpro Management Information System (MIS) Coordinator Has the teacher been trained in the area of California Accountability and the TOPSpro Management Information System to appropriately perform his duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? Dates of last trainings	Yes	Ms. Granzow attended the April, 2009 and the October, 2008 TOPSpro training conducted by the Workforce Investment Act Administrator. She also attended the California Adult Student Assessment System Summer Institute.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

34.	Does the teacher have an adequate amount of Comprehensive Adult Student Assessment System testing materials to implement the Comprehensive Adult Student Assessment System? <i>Explain the Comprehensive Adult Student Assessment System testing procedures at your institution.</i>	Yes	MCSP has an adequate amount of testing materials. Sign-Out and Sign-In sheet is used to track test booklets and test records.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	Yes	Locked in cabinet in secured in Testing Office.
36.	Is the teacher using the latest version of the TOPSpro Management Information System software?	No	MCSP is running TOPSpro 4.6 Build 69. They need TOPSpro 5.0 Build 44.
37.	Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement the Comprehensive Adult Student Assessment System appropriately maintained?	No	The computer needs updating. Also old version of TOPSpro on computer must be updated. The scanner works well.
38.	Does the teacher provide each teacher with a Student Performance by Competency Report to assistance them in preparing lesson plans?	Yes	Student Performance by Competency Report for teacher and student. Teacher also receives the Student Gains by Class Report.
39.	Does the teacher know how to generate the California Payment Point Report? Can you generate a Preliminary Payment Point Report?	Yes	Ms. Granzow checks the report regularly. This information assists her with data cleaning. MCSP currently have 313 Learning Gains for 2008 – 09.
40	Are the appropriate students receiving and completing the Core Performance Surveys? <i>Explain the process in place to ensure that students are receiving the surveys.</i>	Yes	If the ex-student is still at the institution the California Adult Student Assessment System Coordinator locates student to complete survey and submit to the Workforce Investment Act Administrator.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

41.	Can the teacher generate an up to date list of students that will be receiving the Core Performance Survey for the past quarter?	Yes	Second Quarter data showed "No Students Qualified". California Adult Student Assessment System Coordinator will locate ex- students to have him fill out survey.
42.	Can the teacher generate a Data Integrity site review?	No	Data Integrity Report is used for assisting Coordinator to locate errors in the data. Old version of TOPSpro does reflect new accounting of Data Integrity Report.
43.	Can the teacher generate a Student Gains by Class Report? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records)	Yes	<p>This report is given to the teachers to account for the students learning gains.</p> <p>All records matched.</p> <p>Ms. Granzow is a dedicated California Adult Student Assessment System Coordinator.</p>

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Vocational Technical Education Act (VTEA)

No.	INSTITUTION: MCSP DATE: May 4-8, 2009 COMPLIANCE TEAM: Ron Callison	Yes/No or N/A	COMMENTS												
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Inmate Enrollment</div> Is the class meeting the Office of Correctional Education required enrollment quota? (Note the actual enrollment in the comments section).	Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Program</th><th style="width: 20%;">Quota</th><th style="width: 40%;">Enrolled</th></tr> </thead> <tbody> <tr> <td>1. Welding</td><td style="text-align: center;">27</td><td style="text-align: center;">27</td></tr> <tr> <td>2. Mill & Cabinet</td><td style="text-align: center;">27</td><td style="text-align: center;">27</td></tr> <tr> <td>3. Small Engine</td><td style="text-align: center;">27</td><td style="text-align: center;">27</td></tr> </tbody> </table>	Program	Quota	Enrolled	1. Welding	27	27	2. Mill & Cabinet	27	27	3. Small Engine	27	27
Program	Quota	Enrolled													
1. Welding	27	27													
2. Mill & Cabinet	27	27													
3. Small Engine	27	27													
2.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Equipment Inventory</div> Is the Vocational and Technical Education Act equipment properly tagged? (Note the condition of equipment in the comments section).	Yes													
3.	Is Vocational and Technical Education Act equipment used for the intended purpose?	Yes	The Welding program is out of gas and unable to provide training in welding. The Small Engine program would like Employee services to help provide hand-on training projects for the students.												
4.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Student Records/Testing Achievements</div> Are course completions being issued for Office of Correctional Education program training requirements? <div style="margin-left: 20px;"> ■ How many students are trained per year? (Note the number of students trained per year in the comments section). </div>	Yes	Number of students trained per yr. Program #1: 35 #2: 35 #3: 38 Total: 108												
5.	Do Student files verify equipment training on California Department of Corrections and Rehabilitation Form 128E?	Yes													
6.	Is the Office of Correctional Education-approved curriculum and recording system in use?	Yes													
7.	Are lesson plans in accordance with Office of Correctional Education guidelines?	Yes													
8.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Related Training</div> Is safety and literacy training taking place in accordance with Office of Correctional Education guidelines?	Yes													

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Vocational Technical Education Act (VTEA)

9.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Vocational Classroom Physical Access</div> <p>Are students able to get physical to the vocational shops over 50% of the time? (Note the "X" and "S" time for the last two prior months).</p>	Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">Over a two month period</th></tr> <tr> <th>Prog.</th><th colspan="2">1st month</th><th colspan="2">2nd month</th></tr> <tr> <th></th><th>X</th><th>S</th><th>X</th><th>S</th></tr> <tr> <td>#1:</td><td>2699</td><td>844</td><td>2356</td><td>685</td></tr> <tr> <td>#2:</td><td>3146</td><td>527</td><td>2607</td><td>527</td></tr> <tr> <td>#3:</td><td>2623</td><td>945</td><td>1907</td><td>1103</td></tr> <tr> <td>Totals:</td><td>8468</td><td>2316</td><td>6870</td><td>2315</td></tr> </table>	Over a two month period					Prog.	1 st month		2 nd month			X	S	X	S	#1:	2699	844	2356	685	#2:	3146	527	2607	527	#3:	2623	945	1907	1103	Totals:	8468	2316	6870	2315
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10.	<p>Trade Advisory Committee Are quarterly meetings held and minutes kept? (Note the Number of Trade Advisory Committee members, number in the comments section).</p>	Yes	<p>Number of Trade Advisory Committee members: Program #1 4 Program #2 7 Program #3 7 Total members: 18</p>																																			
11.	<p>As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field?</p>	No	<p>The teachers are experiencing difficulty in getting approval from the Associate Information Systems Analyst in regards to new technology for their programs.</p>																																			
12.	<p>As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field?</p>	No	<p>Due to current contract and class requirement the teachers have not been allowed to attend training, workshops, or seminars to upgrade their skills, renew/acquire industry re/certification, and review new technology for industry.</p>																																			
13.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Supplemental Areas (not counted for points on the overall Compliance Review)</div> <p>Apprenticeship:</p> <ul style="list-style-type: none"> ▪ Number of apprentices_____ ▪ Institutional Pay_____ ▪ Union/Company Affiliation_____ ▪ Current DAS Form_____ ▪ OJT Work Logged_____ Less than 5 years_____ 	N/A																																				
14.	<p>Is the shop clean? (Note the cleanliness and general maintenance of the shop in the comments section).</p>	Yes																																				

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

MULE CREEK STATE PRISON

APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

INMATE APPEALS BRANCH

INMATE APPEALS AUDIT EXECUTIVE SUMMARY

**Mule Creek State Prison
May 4 – May 7, 2009**

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 93. All areas and their results are listed below.

It should be noted that staff interviewed were knowledgeable and familiar with the established departmental and institutional policies and procedures relative to the appeals process. Sharon King, Office Assistant, Cathy White and Tammy Meza Staff Services Analyst, Eric Reyes Correctional Counselor II Specialist, Dee Dee Thomason Correctional Counselor II Specialist(A). The current staff was able to locate documents needed for the Review and provide information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

OVERALL RATING	93 %
A. ACCESS TO INMATE APPEALS	76 %
B. TRACKING/FILING APPEALS	99 %
C. PREPARATION OF APPEALS	84 %
D. TIMEFRAMES	88 %
E. APPEAL RESPONSES	100 %
F. SPECIALIZED PROCESSING OF APPEALS	100 %
G. TRAINING and OFFICE STAFFING	100 %
H. CURRENT OVERDUE APPEALS	100 %

Corrective Action areas are:

A. Access to Inmate Appeals

1. The low score in this area is due to one facility not having CDC 602 forms in their housing units the time of review. Pursuant to CCR 3084.1(c) all General Population and Special Housing Units shall insure departmental appeal forms are really available to all inmates.

4. The low score in this area is due to the fact that the institution does not provide Orientation inmates verbal staff instructions regarding the inmate's right to appeal and appeal procedures pursuant to CCR 3002(a)(2). Staff were given OJT as to their responsibilities on May 6, 2009.

Pursuant to CCR 3002(a)(2) the new arrivals shall be given verbal staff instructions regarding the inmate's right to appeal and appeal procedures.

C. Preparation of Appeals

2. The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being competed or the date on the 602 not matching the IATS.

Pursuant to DOM section 54100.9, the dates on the appeals must correspond with the dates on the IATS?

3. The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

Pursuant to DOM section 54100.3, all blanks must be filled in appropriately on the CDCR form 602 to include date, signatures.

D. Timeframes

1. The low score in this area is a result of the CDC 602's not being assigned with in 5 working days

Pursuant to DOM section 54100.9, all appeals must be assigned at each level within five working days of receipt in the appeals office.

2. The low score in this area is the result of the CDC 602's not being completed within 10 working days.

Pursuant to CCR 3084.6(b)(1) all Informal Level appeals must be completed within 10 working days.

3. The low score in this area is the result of the CDC 602's not completed within 30 working days

Pursuant to CCR 3084.(b)(3), all Second-Level responses shall be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

4 The low score in this area is due to the Second Level responses not being completed within 20 working days, or 30 working days if the First Level was waived.

Pursuant to CCR 3084.6(b)(3) all Second Level responses are to be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

INMATE APPEALS AUDIT

Mule Creek State Prison

May 4 – May 7, 2009

Reviewer: S. Wright, Facility Captain, Inmate Appeals Branch
J. D. Richardson Correctional Counselor II, California Institution for Women

SUMMARY CHART

AREA REVIEWED	COMPLIANCE RATING 2009	
	Percentage	Page No.
OVERALL RATING	93%	1
A. ACCESS TO INMATE APPEALS	76%	2 -3
B. TRACKING/FILING APPEALS	99%	4
C. PREPARATION OF APPEALS	84%	5
D. TIMEFRAMES	88%	6
E. APPEAL RESPONSES	100%	7
F. SPECIALIZED PROCESSING OF APPEALS	100%	8
G. TRAINING and OFFICE STAFFING	100%	9
H. OVERDUE APPEALS	100%	10

INMATE APPEALS AUDIT

Mule Creek State Prison May 4 – May 7, 2009

The findings in this Inmate Appeals Compliance Review resulted in an overall score of 93%. All areas are listed below with applicable notations.

It should be noted that staff interviewed were knowledgeable and familiar with the established departmental and institutional policies and procedures relative to the appeals process. Sharon King, Office Assistant, Cathy White and Tammy Meza Staff Services Analyst, Eric Reyes Correctional Counselor II Specialist, Dee Dee Thomason Correctional Counselor II Specialist(A). The current staff was able to locate documents needed for the Review and provide information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

The specific sections and their corresponding questions and scores are identified below.

Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:

Section Rating: 76

- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]

23 sample # 21 # correct = 91 %

Question Rating: Score: 46

All housing units and the libraries had a good supply of both CDC form 602s (Spanish and English), 602 HCs, and 1824s. However the MSF had no CDC 602's and made not effort to obtain them until a request was made to the Facility Captain. Otherwise staff were very helpful in providing these forms to the Review Team.

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and any facility appeal supplement in each inmate law library? [DOM Section 53060.11,54100.3]

5 sample # 5 # correct = 100 %

Question Rating: 10

Score: 10

3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes

Question Rating: 20

Score: 20

It was noted that all Facilities had Orientation Packets with the exception of Facility B, which was corrected.

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

0

Question Rating: 20 **Score: 0**

The institution does not provide Orientation inmates verbal staff instructions regarding the inmate's right to appeal and appeal procedures pursuant to CCR 3002(a)(2). Staff were given OJT as to their responsibilities.

5) Does the institution provide the CDC Form 602 in both English and Spanish?

Yes

Question Rating: 0

SECTION POINT TOTAL

76

INMATE APPEALS AUDIT
FINAL REPORT

B. TRACKING AND FILING APPEALS

Section Rating: 99

- 1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]**

Yes

Question Rating: 15

Score: 15

- 2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]**

100 sample # 98 # correct = 98 %

Question Rating: 25

Score: 25

- 3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

34 sample # 33 # correct = 97 %

Question Rating: 25

Score: 24

The institution has (1) overdue modification order(due February 2009) that requires follow-up to SVSP.

- 4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?
[CCR 3084.6, DOM 54100.12]**

Yes

Question Rating: 35

Score: 35

SECTION POINT TOTAL 99

INMATE APPEALS AUDIT
FINAL REPORT

C. PREPARATION OF APPEALS	Section Rating	84%
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- 1) **Are inmates interviewed at the first level of review or at second level if first level is waived?** [CCR 3084.5 (f) and DOM 54100.14]

14 sample # 14 # correct = 100 % Question Rating: 25 **Score: 25**

- 2) **Do the dates on the appeal correspond with the dates on the IATS?**
[DOM Section 54100.9]

100 sample # 44 # correct = 44 % Question Rating: 25 **Score: 11**

The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being completed, or the date on the 602 not matching the IATS.

- 3) **A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)?** [DOM Section 54100.3]

100 sample # 90 # correct = 90 % Question Rating: 25 **Score: 23**

The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

- 4) **Is there evidence that appeal decisions are reviewed by the institution head or his/her designee?** ?[CCR 3084.5(e)(1)]

100 sample # 98 # correct = 98 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 84

INMATE APPEALS AUDIT
FINAL REPORT

D. TIMEFRAMES

Section Rating: 88

- 1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office? [DOM 54100.9]**

100 sample # 93 # correct = 93 % Question Rating: 25 **Score: 23**

The low score in this area is a result of the CDC 602's not being assigned within 5 working days.

- 2) Are informal appeals completed within ten working days?
[CCR 3084.6 (b)(1)]**

14 sample # 12 # correct = 86 % Question Rating: 25 **Score: 21**

The low score in this area is the result of the CDC 602's not being completed within 10 working days.

- 3) Are first-level responses completed within 30 working days?
[CCR 3084.6 (b)(2)]**

69 sample # 54 # correct = 78 % Question Rating: 25 **Score: 20**

The low score in this area is the result of the CDC 602's not completed within 30 working days.

- 4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]**

100 sample # 94 # correct = 94 % Question Rating: 25 **Score: 24**

The low score in this area is due to the Second Level responses not being completed within 20 working days, or 30 working days if the First Level was waived.

SECTION POINT TOTAL 88

INMATE APPEALS AUDIT
FINAL REPORT

E. APPEAL RESPONSES	Section Rating: 100
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- 1) Does the institution prepare a written response at the first level of review stating the appeal issue?

[CCR 3084.5 (g) and DOM 54100.15]

69 sample # 68 # correct = 99 % Question Rating: 25 Score: 25

- 2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered? [CCR 3084.5 (g) and DOM 54100.15]

69 sample # 68 # correct = 99 % Question Rating: 25 Score: 25

- 3) Does the institution prepare a written response at the second level of review stating the appeal issue?

[CCR 3084.5 (g) and DOM 54100.15]

100 sample # 100 # correct = 100 % Question Rating: 25 Score: 25

- 4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?

[CCR 3084.5 (g) and DOM 54100.15]

100 sample # 100 # correct = 100 % Question Rating: 25 Score: 25

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT
FINAL REPORT

F. SPECIALIZED PROCESSING OF APPEALS	Section Rating: 100
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STAFF COMPLAINTS
CDC FORM 1824s
APPEAL RESTRICTION

STAFF COMPLAINTS

- 1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations.)

25 sample # 25 # correct 100 %

Question Rating: 20 Score: 20

- 2) Is the institution keeping Staff Complaints for a period of five years?
[DOM 54100.25.5 and Penal Code 832.5(b)]

Yes

Question Rating: 20 Score: 20

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]

Yes

Question Rating: 20 Score: 20

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 98/10]

Yes

Question Rating: 20 Score: 20

APPEAL RESTRICTION

- 5) Is there evidence of authorization from Inmate Appeals Branch (IAB) to support each inmate placed on appeal restriction as listed on the IATS? [CCR 3084.4(3), (4)]

Yes Question Rating: 20 Score: 20

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT
FINAL REPORT

G. TRAINING/OFFICE STAFFING

Section Rating: 100

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

Yes

Question Rating: 20 **Score: 20**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Yes

Question Rating: 30 **Score: 30**

Evidence was provided; however, 50 supervisors have not received Supervisor's Orientation Training regarding inmate appeals. The institution has instituted corrective effective May 11, 2009, that all supervisors will begin receiving training, and will be completed no later than August 2009. Following this training all newly promoted supervisors will receive training pursuant to DOM 32010.10.2.

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

Yes

Question Rating: 30 **Score: 30**

Effective May 7, 2009, MCSP IST has updated their Inmate Appeals lesson plan to reflect the current CCR 3084.5(a)(2) and (3) regarding informal appeal responses.

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(a) and 3041(e)(1)]**

Yes

Question Rating: 20 **Score: 20**

There is no inmate assigned in the Appeals Office

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT FINAL REPORT

H. OVERDUE APPEALS

Section Total: 100

- 1) What is the number of overdue First Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

Question Rating: 50
Points deducted: 0
Score: 50

- 2) What is the number of overdue Second Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

Question Rating: 50
Points deducted: 0
Score: 50

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

of Appeals: 0 Points Deducted: 0 **Score: N/A**

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT FINAL REPORT

ADDITIONAL AREAS OF REVIEW: This portion of the audit tool has been added in September 2006. These areas of the institution will be reviewed for information gathering; however, scores will not be obtained.

1. Law Library access for SHU and ASU inmates:

- a)** What is the process for allowing SHU and ASU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343]

Inmates are required to submit a request for legal law library services.

- b)** How often do these inmates have access to the law library?

This library is open Tuesday & Friday from 7:30 to 11:30 am.

- c)** How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

GLU has access on Wednesday and Thursday. GLU inmates are provided books which are checked out. ASU Officers also pass out books in lieu of the Librarian's absence.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

MULE CREEK STATE PRISON

APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

MULE CREEK STATE PRISON, IONE

Introduction

This review of Radio Communication Operations at Mule Creek State Prison, Ione (MCSP) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of April 27 through May 1, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Shelly Hutchens, Project Manager, of the Facilities Planning and Management Division, Telecommunications Section, Radio Communications Unit.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications. Each area was reviewed with staff and any problems were reviewed or solved with the MCSP Radio Liaison. Overall findings presented in the attached report represent the consensus.

Review of Radio Communications

Mule Creek State Prison

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at MCSP during the period of April 27 through May 1, 2009. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of MCSP's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to MCSP's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. Throughout the tour, on-duty custody staff were interviewed regarding current practices, all staff were polite and professional when asked these questions.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, MCSP was at 100% on radio placement.

The System Watch and The Selective Inhibit Dynamic Regrouping (SIDR) computer were evaluated in Central Control and are working properly at this time. Staff was knowledgeable on the procedure to inhibit a radio; however they did not know that they were required to enter new radios into the computer's database. Staff, upon learning of the required procedure, set up a training date to learn the procedure.

The Radio Vault was inspected and found to be in near perfect condition with the exception of an intrusion alarm. There was an alarm panel installed, however not in working order. Institution staff will be putting in a work order with Plant Operations to have the alarm restored.

The Primary Emergency Operations Center control station, located in the Warden's Office was working properly.

Recommendations are to continue normal practices as MCSP has no issues with usage of the 800 MHz Trunked Radio System as all MCSP staff are following all required Public Safety Standards.

The Reviewer would also like to complement MCSP Radio Liaisons, Sergeant Austin and Officer Martinez as their organizational skills and overall help made this review a success.

**Radio Communication Compliance Review
Mule Creek State Prison (MCSP), Lone
Exit Conference Discussion Notes
May 8th, 2009**

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communications Security Compliance Review of MCSP the week of April 27th, 2009. The review covered 28 different areas which MCSP was fully compliant in 26 areas, partially compliant in 2 areas. The chart below details these outcomes. Observations noted below.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant	Not Applicable
1	Radio Liaison Identified?	X			
2	Inventory System in Place?	X			
3	All Radios Accounted for?	X			
4	Radio Matrix in place?	X			
5	Repair Procedure?	X			
6	Repair Tracking?	X			
7	Battery Management in Place?	X			
8	Proper usage of Battery Management?	X			
9	Inmate Access to Radios?	X			
10	Radio Vault Secured?	X			
11	Intrusion Alarm on Radio Vault?		X - Note 1		
12	Authorization to Enter Vault?	X			
13	Key to Vault Secured?	X			
14	Vault key Access for DGS-TD Tech?	X			
15	System Watch/SIDR Operational & Computer Secured?	X			
16	Procedure to Operate System Watch/SIDR?	X			
17	Staff to Operate System Watch/SIDR identified?	X			
18	System Watch/SIDR Training?		X - Note 2		
19	Chit System in Place for Radios?	X			
20	Other Radios on Grounds?	X			
21	Scanners on Grounds?	X			
22	Who do you contact for System Malfunction?	X			
23	Steps taken when System Fails?	X			
24	Staff have Knowledge on Radio Fail-Soft?	X			
25	Staff have Knowledge of RCU Staff?	X			
26	Off Grounds Communication / Fire Department.	X			
27	Working CLERS System?	X			
28	Working CMARS System?	X			
Total		26	2		

Note 1: Alarm System is in vault, however it is not in working order.

Note 2: Staff were trained on how to inhibit a radio, but were not aware that they were supposed to enter new radios into the computer's data base.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

CASE RECORDS

MULE CREEK STATE PRISON
APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

CASE RECORDS ADMIN

MULE CREEK STATE PRISON COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Jocelyn Ortiz, Correctional Case Records Manager, Avenal State Prison and Janet Ambrose, Correctional Case Records Supervisor, Sierra Conservation Center to conduct a compliance review May 4 - 8, 2009 of specific areas within the Mule Creek State Prison records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and all staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

This review consisted of twenty six (26) Central Files of recently paroled inmates and thirty seven (37) additional Central Files for HWD purposes for a total of sixty three (63) Central Files reviewed.

HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72040.5.1 & 72040.5.3

"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."

"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."

"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contact the designated staff person responsible for evaluating the potential detainer..."

Reference: DOM Section 72040.5 & 72040.5.1 & 72040.5.3 & CR 97/04

"The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate's custody."

MULE CREEK STATE PRISON COMPLIANCE REVIEW

"All HWD correspondence received by mail, Fax or included in the prison package (reception center cases) shall be immediately opened, date/time stamped, initialed and delivered to the HWD coordinator . . ."

Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06
"If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381.

"Case records staff shall mail the CDC Form 643 to the DA by certified mail, return receipt requested".

"PC 1381 stipulates a person must be brought to trial within 90 days after written notification of the place of confinement. The 90-day period starts the day the DA acknowledges receipt of the CDC Form 643".

"If the inmate is not brought to trial at the conclusion of the 90-day period, case records staff shall prepare:

A CDC Form 668, Affidavit in Support of Motion to Dismiss Pending Charges.

A CDC Form 669, Motion to Dismiss Criminal Charges Pending.

A CDC Form 670, Order of Dismissal.

A CDC Form 1006, Cover Memo - Motion to Dismiss.

All of these forms shall be forwarded to the court having jurisdiction of the Matter"

CDC Form 643, Requesting Disposition of Untried Charges in accordance with Penal Code (PC) Section 1381.

Reference: DOM Section 74020.6.2

"When a detainer for untried charges is lodged by an agency of the federal government or an agency of a member state of the interstate agreement on detainers (IAD), the interstate form provided shall be used to notify the inmate of the detainer and to request disposition of the pending charges".

"PC 1389 provides for the surrender of temporary custody of a prisoner to the jurisdiction of the federal government or another state which is signatory to the IAD where they are wanted for prosecution, except Louisiana and Mississippi".

"If the inmate demands trial and waives extradition by executing Form II, a court arraignment is not required and case records staff shall proceed on the basis of the inmate's demand for trial pursuant to PC 1389, Article III".

Reference: DOM Section 72040.9

MULE CREEK STATE PRISON COMPLIANCE REVIEW

“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.

Desk Procedures for the HWD clerical staff were reviewed and the clerical staff were interviewed. The desk procedures are very well written and are detailed.

Of the thirty seven (37) cases reviewed there were eight (8) cases where we were unable to determine if the Letters of Inquiry on the potential holds were being processed within the two (2) working days. At the time the CDC 850 is initiated, there is not a date of contact or a date the CDC 850 was initiated noted either by the Counseling Staff or by Case Records Staff. There were six (6) cases where the two (2) day time frames were not met. See specifics below:

The following cases are those without a contact date or an initiated date:

F86993 Castillo
V74748 Planty
F66157 Nol
F90653 Parra
F95173 Conrique
G28782 Medina
G29687 Torres
F90476 Thomas

The following are cases where the Letter of Inquiry was not sent within two working days of being initiated:

F49243 Keith
F09819 Seiler
F28208 Daniels
F92861 Fernandez
F94216 Martin
G08421 Gregory

Of the thirty seven (37) cases reviewed there was one (1) case where the Motion for Dismissal had not been processed. The Demand for Trial was received by the District Attorney on December 26, 2008; however the Motion for Dismissal has not been prepared as of the date of this report, which is not in Compliance with the 90 day time frame.

G29687 Torres

MULE CREEK STATE PRISON COMPLIANCE REVIEW

Of the thirty seven (37) cases reviewed there were three (3) cases found not to be in compliance of placing a Hold, Warrant or Detainer within the four (4) hour time frame pursuant to policy and procedures. Also noted in our review is that the warrants are not being date and time stamped. See below listing of cases not in Compliance.

The HWD Action taken by the Case Records Staff on the CDC 850 were not filled out to include the time as well as the date. We are unable to tell if the four (4) hour time frame was met on the following inmates:

V39359 Cerelli
F49243 Keith

In one (1) of the cases the warrant was not reviewed by the HWD Evaluator until the day after the warrant was received:

F09819 Seiler

Of the thirty seven (37) case's reviewed there were eleven (11) cases where the actual Warrant, Hold or Detainer that was received was not date and/or time stamped upon receipt into the records office. See specifics below:

Was not date and time stamped:

G29687 Torres
F95173 Conrique
G28782 Medina
F49243 Keith
F09819 Seiler
T44245 Turpin
F90476 Thomas
F54086 Chavez
F92861 Hernandez
F28208 Daniels

Was not time stamped:

V39359 Cerelli

Of the thirty seven (37) cases reviewed there was one (1) case where it does not appear the inmate was notified of a hold or warrant being placed on him via a CDC 661 Detainer Memorandum. In this case the warrant was placed while he was at CRC. An intake audit was completed on 4/22/09, at Mule Creek and a CDC 661 Detainer Memorandum was still not forwarded to this inmate.

F84624 Braden

**MULE CREEK STATE PRISON
COMPLIANCE REVIEW**

Of the thirty seven (37) cases reviewed there was one (1) case found where a time server warrant which expired on 4/2/08 had not been deleted from either OBIS or ARDTS.

F90229 Avila

A listing from the Automated Release Date Tracking System (ARDTS) was requested upon arrival at the Records Office. There were thirteen (13) cases discovered in ARDTS with hold information entered, however this information was not in OBIS. Upon further research it was discovered these were holds that the inmate had already paroled on. There appears to be a disconnect in that when the Case Records Analyst are performing their intake audit they are not reviewing information in the ARDTS and verifying the information with OBIS. Also some of the warrant #'s in ARDTS did not match those in OBIS. See listed cases for specifics.

Warrant # in ARDTS did not match Warrant # in OBIS for the following inmates.

V53629 Vasquez
V15002 Boykin

Warrants were entered in ARDTS but not in OBIS for the following inmates.

F62243 Reardon
V42900 Barton
D55998 Schriver
T55790 Vasquez
F87890 Daniel
E70700 Hines
V21479 Whitehair
G08421 Gregory
F07990 Christian
H94091 Waits
G16623 Taylor
T42166 Gallegos
T80399 Tafoya

Also in the review of these cases there were five (5) cases where the inmates had gone OTC based on a hold or warrant, subsequently receiving an additional commitment based on the hold or warrant, however these holds or warrants were not deleted from the ARDTS. Also noted was the paperwork for dropping the hold or warrant was not completed and the CDC 112 was not updated appropriately. See specifics below:

MULE CREEK STATE PRISON COMPLIANCE REVIEW

F07990 Christian – Hold was not deleted from ARDTS; CDC 112 was not updated appropriately by an entry reflecting ‘No Longer Wanted’ in red and the Warrant #; no letter to the Agency notifying them that we dropped their hold; nothing documented on the CDC 850 that the hold had been dropped.

G02417 Deem – Hold not deleted from ARDTS when ‘S’ returned from OTC with an additional commitment on one (1) of the Warrant’s – ‘S’ had three (3) other warrants from the same agency and no follow-up was completed to see what the disposition was on them.

F95173 Conrique - Hold not deleted from ARDTS or OBIS when ‘S’ returned from OTC with an additional commitment based on one (1) of the warrants; the paperwork to notify agency that the hold had been dropped has not been completed; ‘S’ has an additional four (4) holds from the same agency and CDC 850 reflects these warrants has been recalled, however no follow-up has been completed to ascertain the disposition; also the CDC112 is not documented appropriately to reflect actions regarding the warrants.

G08421 Gregory – Hold not deleted from ARDTS when ‘S’ returned from OTC with an additional commitment on the warrant.

F87890 Daniel - Hold not deleted from ARDTS when ‘S’ returned from OTC with an additional commitment on the warrant.

General Findings:

In the Holds, Warrants and Detainer portion of the audit, nineteen (19) components were reviewed. There were five (5) areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Time frames between initiating the CDC 850 and forwarding the inquiry to the appropriate law enforcement agency need to be documented appropriately on the CDC 850.
- Implement a tracking system to ensure the Motion for Dismissals are processed pursuant to the policy and procedures as outlined in DOM.
- Ensure all the requirements are met for placing a hold within the four (4) hour time frame pursuant to Departmental Policies and Procedures.
- When audits are performed ensure complete HWD actions are complete.
- Ensure that when holds expire and/or are dropped that ARDTS is updated appropriately and the CDC 112 is posted appropriately.

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Recommendations:

- At the time the CDC 850 is initiated for Potential Holds, a date should be reflected on the CDC 850. All staff who is responsible for initiating a CDC 850 should be trained how to complete the CDC 850 appropriately in all areas.
- The staff responsible for receiving any hold, want, or detainer information to comply with the four (4) hour requirements pursuant to policy and procedures need to insure these documents are date and time stamped upon receipt. This would ensure compliance with the requirement that hold, wants and detainer information is being entered into OBIS within the four (4) hours pursuant to policy and procedure.
- Training provided to appropriate staff to insure the computerized systems (ARDTS/OBIS) are updated to reflect a hold, want and detainer have been dropped upon parole.
- Training needs to be provided to staff responsible for tracking the time server's to insure the information upon expiration has been deleted or removed from the computerized system (ARDTS/OBIS) when applicable.
- Additional training should be provided to the appropriate staff who are responsible for reviewing HWD information; either at intake, 60-day or parole to insure compliance with policy and procedures relative to accuracy of that information into the computerized system, i.e., entering holds, dropping holds or updating information as is needed.
- An audit of the ARDTS needs to be performed to ensure accuracy of the hold information and verified with the information entered into OBIS.

WARDEN'S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- *Date of Release*
- *Type of Release*
- *CDC number*
- *Commitment name*
- *Controlling Discharge Date*
- *Name of parole unit and county of residence*

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- *Parole Region*
- *Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS"

Reference: Instructional Memorandum (CR 01/14)

"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."

"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."

Twenty six (26) Central Files were reviewed for inmates/parolees who were released from Avenal State Prison during the preceding two (2) weeks of the review. Desk procedures were reviewed and staff were interviewed relative to their processes.

Of the twenty six (26) files reviewed, no discrepancies were found however in one (1) of the files reviewed it was noted that a discrepancy did exist between what the Warden's Checkout Order reflected and the OBIS entry. See details below:

- In the one (1) case the Warden's Checkout Order (CDC 161) reflected the inmate paroled to Region 3, however OBIS reflected the inmate paroled to Region 4.

V20337 Cruz

Desk procedures were found to be very detailed and easy to follow.

GENERAL FINDINGS

There were twenty six Central Files reviewed and of the three (3) components reviewed all were found to be in Compliance.

RECOMMENDATIONS

On the job training should be provided to the staff responsible for entering the moves into OBIS.

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STAFF VACANCIES

The vacancies are reported as follows:

Three (3) Case Records Technician (CRT) Vacancies and Case Records Analyst.

- One (1) CRT positions for SOMS – Interviews held with and a report date has been given.
- One (1) CRT position promoted to Case Records Analyst (LT) to fill behind a Case Records Analyst who has been out on Medical.
- One (1) CRT positions for the Rutherford – Interviews held with a report date given.
- One (1) Case Records Analyst - Medical

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RISK
MANAGEMENT
PROGRAMS

MULE CREEK STATE PRISON
APRIL 27, 2009 THROUGH MAY 8, 2009



CONDUCTED BY

DESIGN STANDARDS AND REVIEW BRANCH

**OFFICE OF RISK MANAGEMENT
MAY 2009 AUDIT**

MULE CREEK STATE PRISON

EXECUTIVE SUMMARY

The Office of Risk Management (ORM) conducted an audit of the Worker's Compensation Program, Occupational Health and Safety Operations, Hazardous Materials and Fire, Life, Safety Systems from May 4 – May 8, 2009. The purpose of the audit/inspection was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Auditors for this review included Fire Chief, Steve Mahoney and Stephanie Fields, SSM I.

This was the first audit that the Office of Risk Management has conducted at Mule Creek State Prison. Findings from the audit were presented to Warden (A) Michael Martel on May 8, 2009. The Office of Risk Management does not currently use a standard scoring system, therefore our audit findings do not reflect an overall score for the institution.

Elements Audited Related to Workers' Compensation

- Workers' Compensation Program
- Early Intervention Program
- Return-to-Work Program
- CAL/OSHA Log 300 Compliance
- Inmate Workers' Compensation Program

Elements Audited Related to Health and Safety

- Illness & Injury Prevention Program
- Safety Committee

Elements Audited Related to Fire, Life, Safety Systems

- Training
- Equipment
- Fire Inspections
- Fire Suppression Equipment
- Hazardous Materials
- Response/Mutual Aid

It should be noted that the Workers' Compensation/Return-To-Work (RTW) Program has been historically understaffed. Since 2003, the Program has had high staff turnover and the current Return-to-Work Coordinator (RTWC) has been in her position for the last eight (8) months. In addition to the return-to work function, the RTWC handles all of the Institution's Workers' Compensation claims for staff and inmates and performs the routine clerical duties to support the Program's functions. When the RTWC is unavailable, the IPO serves as the back-up. The Institution's claims workload has not increased to a level that would warrant an additional analyst, however, it is critical that the program have additional support in the form of an Office Assistant or Office Technician. Because the Institution does not currently have a position to redirect, the Office of Risk Management recommends that the Institution request funding and position authority to place an Office Technician or Office Assistant within the Program.

Below are the audit findings, categorized under the following topics:

Category	Number of Findings
Workers' Compensation Claims	1
Workers' Compensation Inmate Claims	1
Return-to-Work - Safety	1
Return-to-Work – Early Intervention Program	1
Health & Safety – Illness & Injury Prevention Program	1
Health & Safety – Safety Committee	3
Fire, Life, Safety Systems – Equipment	2
Fire, Life, Safety Systems – Fire Inspections	1
Fire, Life, Safety Systems – Fire Suppression Equipment	1
TOTAL	12

This executive summary provides the category, a brief description of the finding, criteria, and recommended corrective action.

1. WORKERS' COMPENSATION – Claims

FINDING 1. When staff are provided with the SCIF Form 3301, there is no system to ensure that staff receive the "State Fund Guide to Workers' Compensation" brochure with the SCIF form from the supervisor or from the RTWC.

Recommendation: RTWC will ensure that brochures be distributed to supervisors in each office/building with instructions to provide to employees along with the SCIF 3301 when an injury occurs

2. WORKERS' COMPENSATION – Inmate Claims

FINDING 1. Log 300 is not posted for inmate claims at the end of the year.

Criteria: Title 8, CCR §14305

Risk/Impact: Should a Cal OSHA inspection occur, fines could be incurred if the Log 300 is not posted properly.

Recommendation: Now that the RWTC has been made aware, the Log 300 for inmates will now be posted in the Administration Building and in Control at the end of each year.

3. RETURN-TO-WORK PROGRAM – Safety

FINDING 1. The Return-to-Work Coordinator does not identify trends for the monthly Safety Committee meetings in order for labor/management to review injuries, accidents, causes of incidents, occupational illnesses or exposure and make suggestions for the prevention of future occurrences.

Criteria: CCR Title 8, Section 3203: “Include a procedure to investigate occupational injury and occupational illness” and ...A labor/management safety and health committee shall review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submit suggestions to management for the prevention of future accidents.

Risk/Impact: If trends and hazards go unnoticed, the risk of future injuries, illnesses and incidents increases, therefore increasing the Department's costs directly related to Workers' Compensation claims. The Institution is also at greater risk of receiving citations from Cal/OSHA should an inspection audit occur.

Recommendation: The RTWC has the responsibility for attending the Safety Committee meetings or sending an alternate if he/she cannot attend. The RTWC should present a monthly injury and illness report that includes “Nature of Injury” and “Cause of Injury” to be shared and discussed, as well as a brief analysis comparing injuries and illnesses to prior reports.

4. RETURN-TO-WORK PROGRAM – Early Intervention Program (EIP)

FINDING 1. The Return to Work Office has not been making any EI referrals for the last eight months due to the fact that the EI Coordinator assigned to this Institution quit his position. A new EIC has not been identified to date.

Criteria: CA ADC Title 15, Section 3426. The RTWC shall:

(3) Refer the qualified injured/ill employee to an EIC within three (3) working days of knowledge of the employee's EIP eligibility;

(5) Maintain a log of injured/ill worker EIC referrals and submit to the Office of Risk Management (ORM) monthly.

Risk/Impact: The EIP is designed to provide employees with information regarding the assessment and processing of qualified industrial injury/ illness claims, as referenced in subdivision (b), and the available choices regarding benefit options and compensability. Employees with a claimed injury/illness who have an actual or anticipated long-term disability of thirty (30) days or more, or who have an undeterminable or disputed injury shall be eligible for an EIC visit. The Department is at risk of litigation being filed by injured employees that are not receiving these mandated referrals and services.

Recommendation: The Institution Personnel Officer (IPO), Margaret Holstine and the Associate Warden Peter Vanni are fully aware of the need to secure a new Early Intervention Counselor and are already proactively taking the necessary steps to ensure that this occurs in a timely manner.

5. OCCUPATIONAL HEALTH AND SAFETY – Injury and Illness Prevention Program (IIPP)

FINDING 1. The Institution's Injury and Illness Prevention Program (IIPP) is not posted for staff in the Administration Building or Control. Not all staff are aware of an IIPP is or that it exists within the Institution.

Criteria: Title 8, CCD 3203(a), DOM 31020.5.1

Risk/Impact: Cal/OSHA requires that every employee be aware of the Department's IIPP and have access to the IIPP. Should an inspection occur, the Institution is at great risk of receiving a citation at this point in time.

Recommendation: Post the IIPP in the Personnel Office and in Control. Communicate with all staff (perhaps utilizing a notice distributed with payroll) the purpose of the IIPP and where it can be found.

6. OCCUPATIONAL HEALTH AND SAFETY – Safety Committee

FINDING 1. The Fire Chief has not completed the Basic Safety Course given by the Department of General Services (DGS.) It was noted, however, that the Fire Chief has attempted to sign up for the course, however there are no current classes listed on the schedule published by the DGS.

Criteria: SAM §2580.4 and DOM §31020.5.5

Risk/Impact: Lack of training could impede the Chief's ability to properly fulfill the duties required of his position, therefore putting staff and inmates at greater risk of injury should an incident occur.

Recommendation: As soon as training is available, ensuring that Chief Wissner is able to complete his safety training should be a top priority for the Institution.

FINDING 2. The Institution's Safety Committee operates with an average of only 50% member participation. Meeting minutes are not posted and are not being sent to the Office of Risk Management.

Criteria: DOM §31020.7.1.2

Risk/Impact: Lack of regular participation by the Safety Committee members puts the Institution at risk of identifying issues needing attention as well as resolving identified problems. Lack of participation also communicates a negative message to staff regarding the importance of safety in the workplace.

Recommendation: A reminder, from upper management, should be sent to all members of the Safety Committee notifying participants of their roles and the expectation that they fulfill their responsibilities.

FINDING 3. The California Labor Law Poster #P9CA located in the Personnel Office is dated 2000 and the poster located in Control is dated 1993.

Criteria: DOM §31020.5.1.1

Risk/Impact: The P9CA includes the current required state labor law postings in the areas of Cal/OSHA, Minimum Wage, Workers' Compensation, Unemployment Insurance, Discrimination, Whistleblower, Unemployment and FMLA in addition to providing essential contact numbers for staff should they have questions. Failure to provide this information puts the Institution at risk of receiving a citation and possible fine from Cal/OSHA.

Recommendation: The Institution should acquire current 2009 posters which are available through the Cal/OSHA website.

7. FIRE, LIFE, SAFETY SYSTEMS – Equipment

FINDING 1. Inmate turnouts exceed service life

Criteria: National Fire Protection Act (NFPA) §1971 standards

Risk/Impact: Equipment failure during an emergency could result in injury or loss of life to firefighters.

Recommendation: Secure funding to replace outdated turnouts in order to come into compliance with NFPA standards and reduce risk of injury and loss of life.

FINDING 2. No engine bay exhaust system in place.

Criteria: California Code of Regulations Title 8, California Labor Code §6702

Risk/Impact: Prolonged and chronic exhaust fume inhalation by staff and inmates could occur resulting in time lost and workers' compensation costs.

Recommendation: Secure funding to install an approved exhaust system in order to compliance with Title 8 Standards.

8. FIRE, LIFE, SAFETY SYSTEMS – Fire Inspections

FINDING 1. Lack of maintenance and testing of smoke detectors.

Criteria: California Fire Code, Group I, Division 3.

Risk/Impact: Delayed response to fire emergencies could result in staff and inmate injury, loss of life and property.

Recommendation: Secure funding to ensure that annual maintenance is performed by a certified vendor.

9. FIRE, LIFE, SAFETY SYSTEMS – Fire Suppression Equipment

FINDING 1. According to maintenance record review, fire alarm systems are not properly maintained. Numerous false alarms occur as the result of errors in the alarm system in addition to inaccurate trouble indicators within the system.

Criteria: Annual servicing required by DOM §52090.7.4

Risk/Impact: Delayed and false responses to fire emergencies could result in unnecessary inmate program interruptions, injury, loss of life and property.

Recommendation: Secure funding to ensure that a proper evaluation of the alarm system is performed by a certified vendor to determine why errors are occurring and make necessary repairs.

The Office of Risk Management appreciates the opportunity to participate in the audit at Mule Creek State Prison and would like to especially thank Associate Warden Peter Vanni, Fire Chief Dan Wissner, Margaret Holstine and Janice Forte for their invaluable time in addition to thanking all of the Mule Creek staff for their assistance, cooperation and hospitality. We are pleased to be available to assist in any way we can. Thank you.